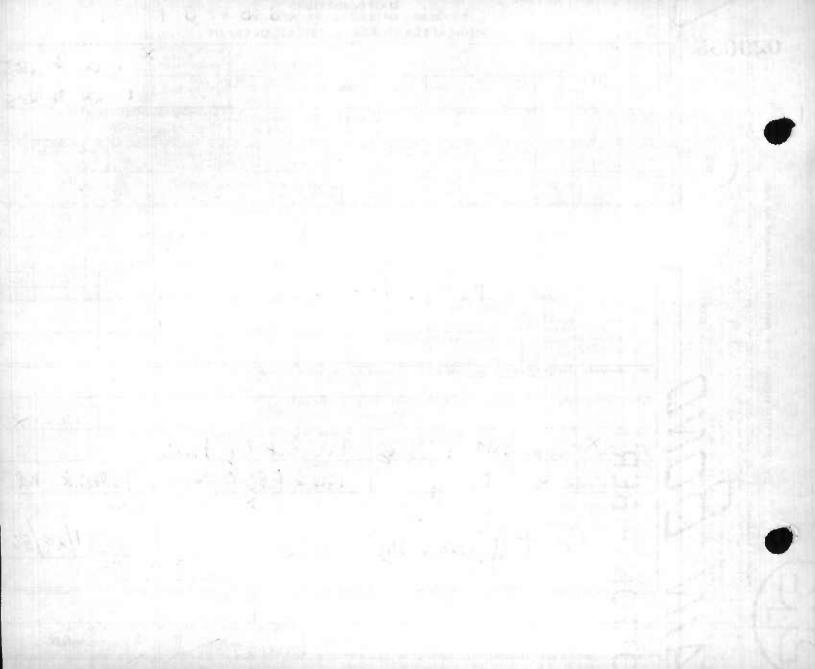
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DIVISION OF VITAL RECORDS,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 009162 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH MONTH DECEASED NAME 26 HOUR LIMPE OR PRINTS 1/6/86 Albaugh Harvey Michael .0:30a M IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX YEAR MONTH male 04 BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Frederick MD USA WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) Citizens Nursing Fred. Md.

126. KIND OF BUSINESS OF livestock Ridge, Mi USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE FrederickRockyRidge 10026 Longs Mills Rd. 13d. INSIDE CITY LIMITS? MD 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME George William Albaugh HANDLEY MARTHA ADDRES ROCKY Ridge, MD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Robert Albaugh 10020 Longs Mill Rd. 220-16-1211 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: 3 multo wais, Generalized Conditions, if ony, which gove rise to immediate couse lol, stating underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21m ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased plive on. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) did (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN Professional Bldg, Frederick, MD BERNARD O. THOMAS, JR 23 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE (SPECIFY) Burial 1/8/86 Mt.
24 FUNERAL DIRECTOR G. DOUGLAS STAULTED Frederick MD Hope Cemetery Woodsboro 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE JAN

1621 Opossumtown Pike, Frederick, MD

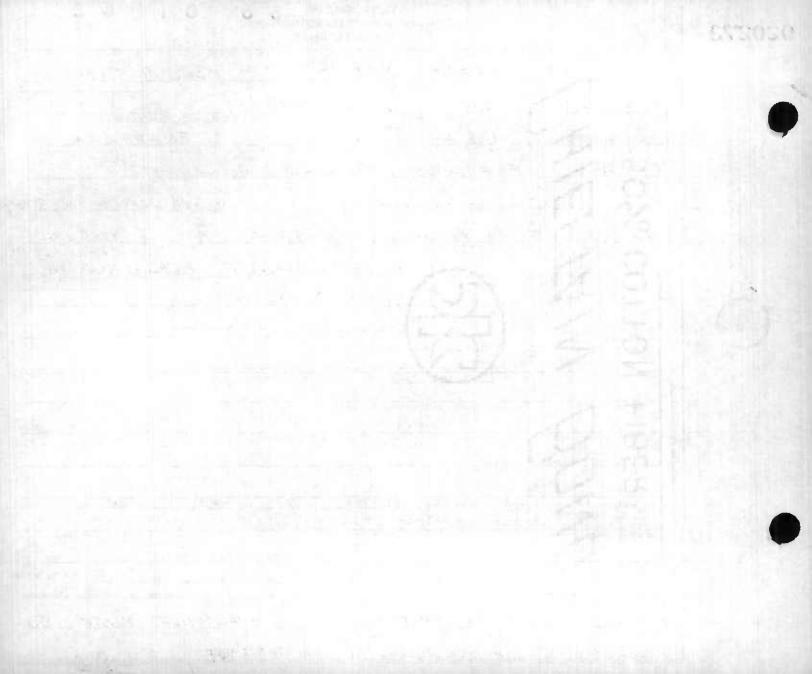
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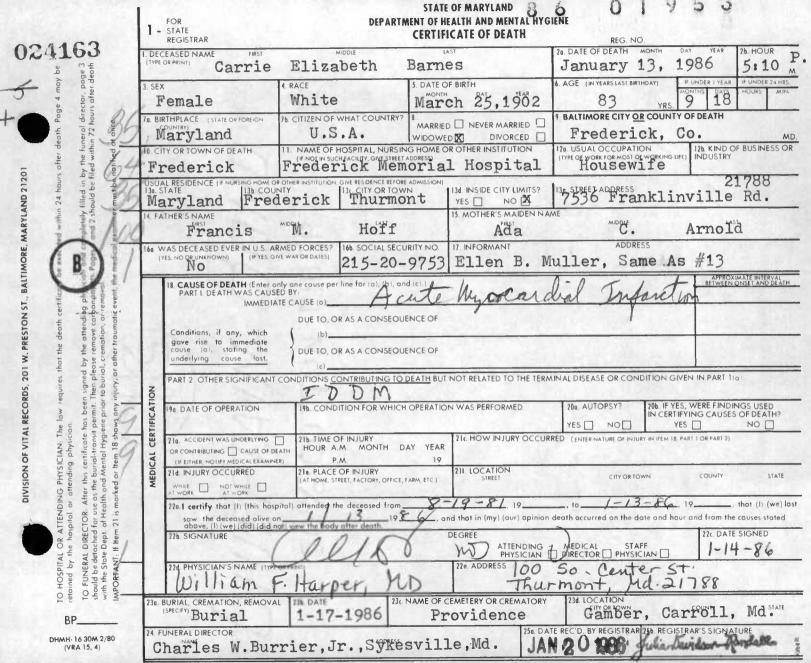


STATE OF MARYLAND - STATE MEDICAL EXAMINER REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN MONTH DAY (TYPE OR PRINT) **AMBUSH** 8610 HOURS STREET, OTHO LINWOOD DEATH MATED 4 RACE AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 10 15 66 YRS BLACK DEAD MALE TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) FREDERICK MD USA DIVORCED ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Maintenance OR INDUSTRY 3720 Basford Road Government FREDERICK USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13a STATE 13d INSIDE (ITY LIMITS? 13e STREET ADDRESS YES NO X 3720 Bas 13c CITY OR TOWN Basford Road Frederick Frederick 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST PRICE ROY **AMBUSH** VIRGINIA LINWOOD 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESSFrederick, MD (YES, NO. OR UNKNOWN) Jessie May Ambush 3720 Basford Rd. WW II 213-16-0387 18 CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 2 IC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 3 SHOU CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 22a. I certify that I took charge of the remains described obove, held an Autopsy Inspection Inquiry TO MEDICAL EXAMIN

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TO FUNERAL DIRECTE
AFTER DEATH, WITH TI
BALLTMORE, MARYLAI death resulted from Hamicide Undetermined monner TITLE (SPECIFY) Deputy SIGNATURE 812 Toll House Ave. Robert J. Thomas, M.D. EXAMINER'S NAME Frederick, Md. 21701 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 11/11/86 | Sunnyside U.M. Church Frederick Douglas Stauffer 21701 | 15% DATE REC'D BY REGISTRAD 15% DEC 07/84 Frederick MD 1621 Opossumtown Pike, Frederick, MD 21701 JAN 16 19 25M **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 020273 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH L DECEASED NAME 2b. HOUR (TYPE OR PRINT) ETTE TRENE 3. SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH MONTH DAY 1904 Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ARY LAND WIDOWED S DIVORCED [REDERICK IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION LITYPE OF WORK FOR MOST OF WORKING HEE! INDUSTRY EDERICK to USE WIFE 30. STATE 13e STREET ADDRESS / ZIP CODE 19611 REALLSVILLE NOF 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST FIRST 1A15516 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES GIVE WAR OR DATEST BEALLSUILLE. UNICNOU APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS d b lile MD 335 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY) CITY OR TOWN 10-86 MONOCACY 22111 BEALLS VILLE Rd BP MONTE EAUSVILLE 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 BARNERVILLE, MO (VRA 15, 4)





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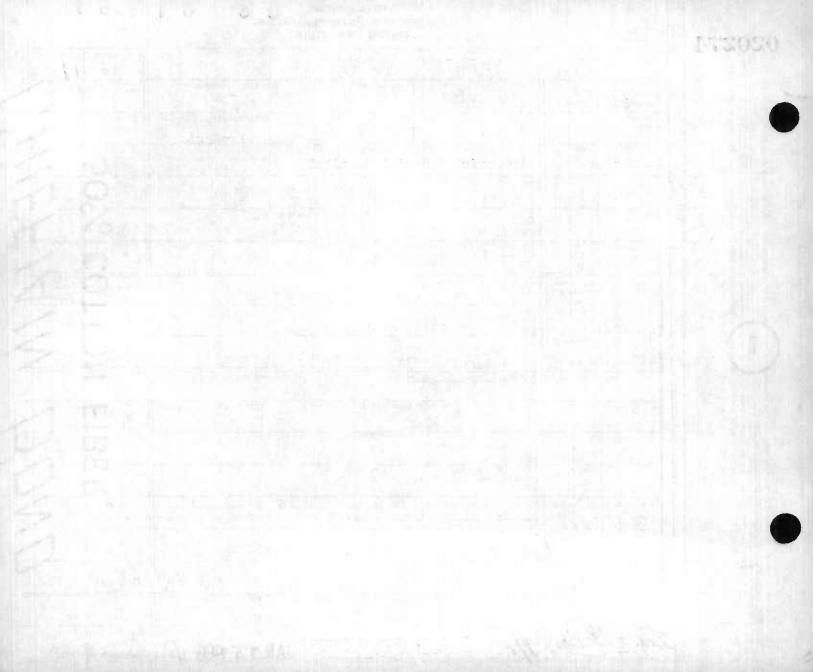
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rtor. pa	3. SE	Female	White	5. DATE OF BIRTH 0'8't. 29' 1908	6. AGE (IN YEARS LAST BIRTHDAY) 77 YRS.	FUNDER I YEAR IF UNDER 24 HRS
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TO HOSPITAL retoined by if TO FUNERAL should be det with the Store IMPORTANT.		Dr. Wayne	Allgaier M.D.	610 9th A	ve., Brunswick	, Md. 21716
PP	23a B	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	_	NAME OF CEMETERY OR CREMATORY Mt.Olivet Cemet	CITY OF TOWN	Frederick Md.
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Jan. 27, 10 to Edge mill venetery Unites lown Jens. W.Vo.

P.P. Box 386 Charles Torn, ..va.

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RS AFTE GIVE W TH R T PAGE SIVISIO	-	NO 18. CAUSE OF DEATH (Er	nter anly ane cause per line	for (a) (b) and (a))	-	Bussard, Sr. Free	derick, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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BP	23a. B	URIAL, CREMATION, REMO SPECIFY) Burial ONER TO DEED OR	2/4/86 2/4/86	Mt. Olivet N. Market St	Cemetery 250 DATE	Frederick, Freder	SSIGNATURE
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHING THE RESERVENCE THE CRATIFICATE, WRITING THE WORD,"PENDING. IN PENCIL PROPERTY OF FUNERAL DIRECTOR: PAGE 3 SHOULD BE FORWARDED TO THE CHIEF MEDICAL DAWNER TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BUBINA. THE STATE DEPARTMENT OF HEALTH AND MENTAL YIGHNE MYSION OF BATTMORE, MARYLAND, 21201 PRIOR TO BORNAL, CREMATION, OF BEINGHIEF TO THE STATE DEPARTMENT OF HEALTH AND MENTAL YIGHNE MYSION OF BATTMORE, MARYLAND, 21201 PRIOR TO BORNAL. CREMATION, OF BEINGHIEF TO THE STATE DEPARTMENT.	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHINGTHE METAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXMINER. THE STATE DEATH. IF ANY DELAY IS NECESSARY, PLEASE TO FUNERAL DIRECTOR. TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURING THE STATE DEPARTMENT OF HEALTH AND MENTAL METAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURING. WARYLAND, 21201 PRIOR TO BORNIAL, CREMATION OF THE STATE DEPARTMENT OF HEALTH AND MENTAL METAL DIRECTOR. PAGE 3 SHOULD BE STATE DEPARTMENT OF HEALTH AND MENTAL METAL DIRECTOR. PAGE 3 SHOULD BE STATE DEPARTMENT OF HEALTH AND MENTAL METAL DIRECTOR. PAGE 3 SHOULD BE STATE DEPARTMENT OF MEALTH AND MENTAL METAL DIRECTOR. AFTER DEATH. WITH THE STATE DEPARTMENT OF MEALTH AND MENTAL METAL DIRECTOR. AFTER DEATH. WITH THE STATE DEPARTMENT OF MEALTH AND MENTAL METAL DIRECTOR. AFTER DEATH. WITH THE STATE DEPARTMENT OF MEALTH AND MENTAL METAL DIRECTOR. AFTER DEATH. WITH THE STATE DEPARTMENT OF MEALTH AND MENTAL METAL DIRECTOR. AFTER DEATH. WITH THE STATE DEPARTMENT OF MEALTH AND MENTAL METAL DIRECTOR. AFTER DEATH. WITH THE STATE DEPARTMENT OF MEALTH AND MENTAL METAL DIRECTOR. AFTER DEATH. WITH THE STATE DEPARTMENT OF MEALTH AND MENTAL METAL DIRECTOR. AFTER DEATH. WE STATE DEPARTMENT OF MEALTH AND MENTAL METAL METAL DIRECTOR. AFTER DEATH. WE STATE DEPARTMENT OF MEALTH AND MENTAL METAL DIRECTOR. AFTER DEATH. WE STATE DEPARTMENT OF MEALTH AND MENTAL METAL DIRECTOR. AFTER DEATH. WE STATE DEPARTMENT OF MEANTMENT OF MENTAL METAL DIRECTOR. AFTER DEATH. WE STATE DEPARTMENT OF MEANTMENT OF MENTAL DIRECTOR. AFTER DEATH. WE STATE DEPARTMENT OF MENTAL DIRECTOR. AFTER DEATH. WE STATE DEPARTMENT OF MENTAL DIRECTOR. AFTER DEATH. WE STATE DEPARTMENT OF MENTAL DIRECTOR. AFTER DEATH. WITH THE STATE DEPARTMENT OF MENTAL DIRECTOR. AFTER DEATH. WITH THE STATE DEPARTMENT OF MENTAL DIRECTOR. AFTER DEATH. WITH THE STATE DEPARTMENT OF MENTAL DIRECTOR. AFTER DEATH. WITH THE STATE DEPARTMENT OF MENTAL DIRECTOR. AFTER DEATH. WITH THE STATE DIRECTOR. AFTER DEATH. WITH THE ST	THE CREDITION SEX 1 REGISTRAR TO ECCEASED NAME (TYPE OR PRINT) 3 SEX 4 RACE Female Caucas To BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10 CITY OR TOWN OF DEATH Frederick SUAL RESIDENCE (IF IN NURSING FIRE TO ECCEASED NAME (TYPE OR PRINT) Maryland 10 CITY OR TOWN OF DEATH Frederick SUAL RESIDENCE (IF IN NURSING FIRE TO ECCEASED EVER IN U SUAL RESIDENCE (IF IN NURSING SUAL RESIDENCE (IF IN NURSING FOREIGN COUNTRY) Maryland Fr Clarence Ibd WAS DECEASED EVER IN U (YES, NO, OR UNKNOWN) (YES, NO, OR UNKNOWN) IFF Y NO 18 CAUSE OF DEATH (IF Y PART I DEATH WAS C IMM Conditions, if any, gove rise to imm cause (a) stating the lying cause last. PART 2 DIHER SIGNIFICANT (ON) 19a DATE OF OPERATION CONTRIBUTING OR CONTRIBUTION OR PART 2 OTHER SIGNIFICANT CONTRIBUTION TO THE C	THE CERTIFICATION OF DEATH THE CERTIFICATION THE CALL STATE THE CER	DEPARTMENT OF HE MEDICAL EXAMINER T. STATE REGISTRAR T. DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RACE 5. DATE OF BIRTH AND THE MODIL TO THE MOD	DECEASED NAME (THE OFFREIT) DECEASE NAME (THE OFFREIT) DECEASED NAME (TH	DEPARTMENT OF HEALTH AND MENT RYSTENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR TRUE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR TRUE REGISTRAR REGISTRAR TRUE REGISTRAR REGISTRAR REG

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9	- STATE REGIS					CERTII	CERTIFICATE OF DEATH REG. NO.								
	I DECEASED		Pame		MIDDLE	B	LAST			of DEATH January		1986	26 HOUR		
	Female 4 RA			4 RACE	asion	5. DATE (OF BIRTH DAY	1951	6 AGE (IN YEARS LAST BIRTHDAY)			IF UNDER I YEAR	IF UNDER ?	MIN	
A		CE (STATE			WHAT COUNTRY?	R	D NEVER MA		IN BALTIMORE CITY OR COUNTY OF DE					MD.	
1	10 CITY OR T		DEATH	11. NAME OF	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) rederick Memorial Hospital					AL OCCUPATE FORE FOR MOST OF erk	ON WORKING LII	128. KIND C INDUSTRY Reta	il Sa	SS OR	
9	Maryl	and	13b COU		N GIVE RESIDENCE BEFORE ADMISSION) 136 CITY OR TOWN 136 INSIDE CITY LIMITS? Frederick YES NOXE				9033 Mountain Berry Circ						
1		erber	-	arroll	Bussey		15 MOTHER'S M	81 a .		Margar		0h î			
ŀ		CEASED EV	INF YES GI	MED FORCES? VE WAR OR DATES)	212-58-7		Herber Herber					in Berr Marylan			
1	PART 2	(a), st lying co		conditions <u>c</u>	ONTRIBUTING TO	ONSEQUENCE OF JAMES CONTROL JAMES					20b. IF YE	VEN IN PART 11	NGS USED		
7	3 OR COM	HER NOTIFY	UNDERLYING CAUSE OF DE	ATH HOUR A.	oF INJURY M. MONTH DAY YEAR M. 19				VES NO YES NO				NO [
	WHILE AT WORK	JURY OCC	WHILE WORK	(At HOME STI	OF INJURY REET FACTORY, OFFICE I	ARM, ETC)	211 LOCATION STREET			CITY OR TOV	٧N	COUNTY	51/	ATE	
	22b SIG	SNATURE	eased alive ar	view the body	_ con =	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [F IAN 🗌	the DATE SIGNED			
	(SPECIFY)	Buri	ien, k	Jan.21 eeney a		sthav	ven Mem. neral Hom 21701	Garder	ns Fr	Y HEGISTRAN	b. REGIST	rederic	URE	íd.	

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS 201 W. PRESTON ST. BALTIMORE MARYLAND 2120

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20

FOR - STATE REGISTRAR DECEASED NAME

Male

TO BIRTHPLACE (STATE OR FOREIGN

Washington, DC

CITY OR TOWN OF DEATH

Frederick

Paul

4 RACE

ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

Frederick

COUNTY

(TYPE OR PRINT)

3n STATE

Maryland

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

MARRIED A NEVER MARRIED

YES X

Gate of Heaven Cemty.

1924

DIVORCED

13d INSIDE CITY LIMITS?

LAST

5 DATE OF BIRTH

MONTH

March

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Frederick Memorial Hospital

13c CITY OR TOWN Frederick

CAPONE

Partick

White

U.S.A.

7h CITIZEN OF WHAT COUNTRY?

1	R	. 1	1	3
U		9	0	5

7h HOUR

126 KIND OF BUSINESS OR

Barry

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

208 E. Eighth Street

20b. IF YES, WERE FINDINGS USED

COUNTY

STATE

YES [

IN CERTIFYING CAUSES OF DEATH?

Utility-Gas

1984

REG. NO.

61

TYPE OF WORK FOR MOST OF WORKING LIFE

NOT

CITY OR TOWN

January

BALTIMORE CITY OR COUNTY OF DEATH

Frederick County.

20 DATE OF DEATH

Foreman

6 AGE (IN YEARS LAST BIRTHDAY)

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VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	us. The law requires that the death configuration is secured within 24 hours after death. Page 4 may be given.	cote has been signed by the utunical private and otherwise filled in by the funeral director, page and it permit Then please renal experience prior to buriol, creming the prior to buriol, creming the prior to buriol, creming the prior to buriol.
¥ –	V. The	nsite
-	7 %	a a f

13e SIREET ADDRESS / ZIP CODE 208 East Eighth St./21701 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Joseph Capone Anne 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 579-20-4344 Mrs. Dorothy Capone, Frederick, Md. 21701 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE AS A CONSEQUENCE OF ruhoGI Canditions, if any, which gove rise to immediate cause (p), stating underlyina cause last PART 2 OTHER SIGNIFICANT CONDITIONS RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:a IFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? CERTI 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE FARM, ETC) STREET WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from DIRECTOR. saw the deceased alive an. above, (1) (we) (did) (did not) view the bady after death 226. SIGNATURE DEGREE ATTENDING FUNERAL 22d PHYSICIAN'S NAME (TYPE OR PRINT 72e ADDRESS ld b 230 BURIAL, CREMATION, REMOVAL

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED MEDICAL STAFF PHYSICIAN TOTRECTOR PHYSICIAN

Silver Spring, Montgomery,

DHMH - 16 60M 7/84 (VRA 15, 4)

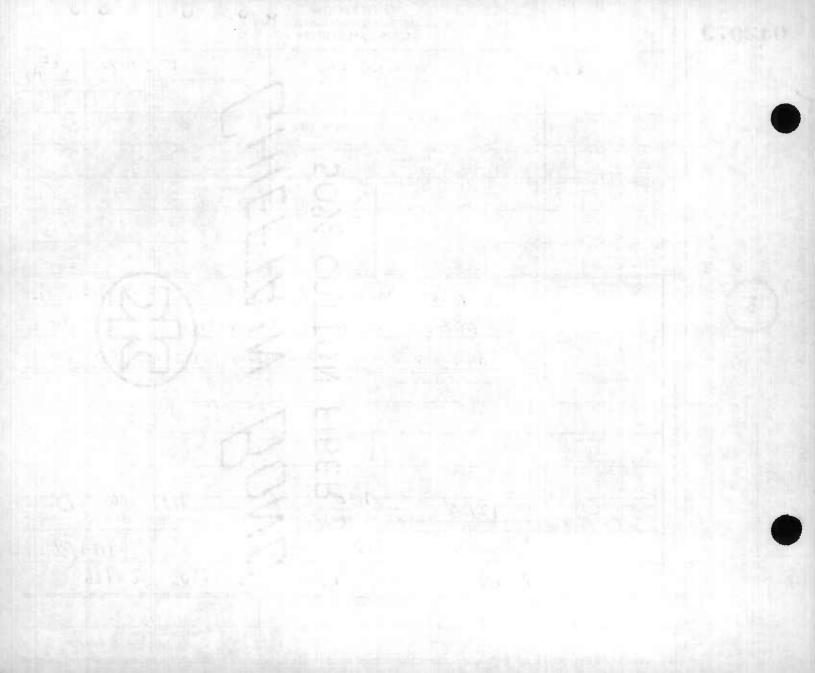
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Smith, Keeney and Basford Funeral 106 East Church St., Frederick, Maryland 21701

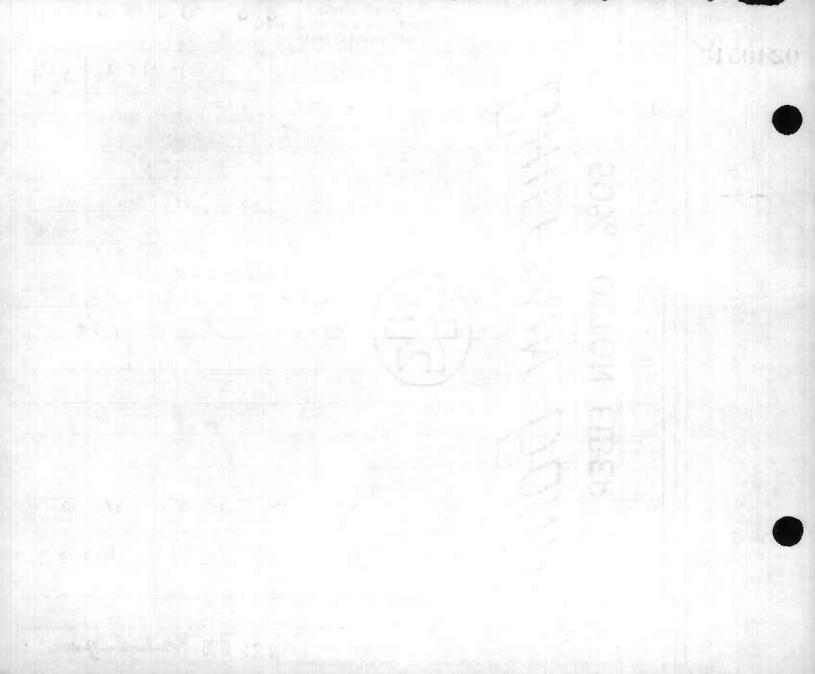
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	1.	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYGIENE 6	REG. NO	D.	7 6	4
024051		CEASED NAME OR PRINT)	FIRST		MIDDLE (EITH	CA	SMPTON	20. DATE C	OF DE ATH	MONTH I	5 86	26 HOUR
To affect to	3. SE.		ale	4 RACE	3 lack	5. DATE C		6. AGE (IN	16 YRS MO		IF UNDER I YEAR	IF UNDER 24 HRS
		RTHPLACE ISTATE OR F		USA	WHAT COUNTRY	WIDOWE			ORE CITY OF	RICK	OF DEATH	MD
the south	F	REDERICK		FREDE.	CHEACILITY, GIVE STRE	EMORIA	OR OTHER INSTITUTION	L ST	L OCCUPATION OF THE PROPERTY O	F WORKING LIFE	INDUSTRY STU	DENT
ed within 24 hours ed within 24 hours mpletely filled in by	130. S M	AL RESIDENCE (IF NURS	136 COUN		131. CITY OR TO	WN	13d. INSIDE CITY LIMITS YES X NO	45	ADDRESS/ E. Fi	zip code fth	Freder St. 21	ick,MD 701
ompletel		BENJAMIN			FRANKLI		BETTY	NAME	WIDDLE		CRAME	PTON
be executed on and of strength of the strength	N	VAS DECEASED EVER YES NO OR UNKNOWN)	(IF YES GIVE	A A	-	3-0725	BETTY CR	AMPTON				
st., bAL emovol.		18. CAUSE OF DEAT PART I. DEATH W		y ane couse per DBY: E CAUSE (a)	ACUTE	VIRA	PNEUMONII	A PossiBi	E U.AR	108 LU	A DA	onset and death
deoth ce attendin love corb		Conditions, if ony,		DUE TO, O	HODEK	UENCE OF	DISCHE				1 4	R
that the by the ease remain oil, cremain or other t		cause (a), statin underlying cause	g the	DUE TO, O	DR AS A CONSEO	UENCE OF						
requires an signed or to burn of the plant. Then plant in injury, o	NO						NOT RELATED TO THE T			5.115		
The low ion be price	CERTIFICATION	190 DATE OF OPERA		1		TH OPERATIO	N WAS PERFORMED	YES [№□	IN CERTIF		
IVISION OF VITAL RECORDS, 201 W. PRESION SI IG PHYSICIAN. The law requires that the death cert offending physicion. The please remove carbon and Mental Herrie prior to buriol, cremation, or ret the control of the property, or other troumotic ex-	CAL CE	2)a ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEAT		OF INJURY .M. MONTH .M.	DAY YEAR	21¢ HOW INJURY OCC	CURRED (ENTER N	NATURE OF INJUR	RY IN ITEM IB P.	ART 1 OR PART 2)	
Offendir	MEDI	21d INJURY OCCURE	ILE		OF INJURY TREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET		CITY OR TOV	WN	COUNTY	STATE
ATTENDIA spitol or control	19	22a L certify that (1) saw the decear abave, (1)(we) (c					nd that in (m) (aur) apin	\$6_, ta	red an the do	ate and have		that 0 (we) last causes stated
At OR At the ho		226. SIGNATURE	,	SK	ola		ATTENDING PHYSICIAL	G MEDICAL DIRECTO	STAF	F IAN 🗌	1-15	SIGNED
HOSPIT Prined by O Funet could be the St		22d. PHYSICIAN'S NA	AME (TYPE OF		719~		27e ADDRESS					
PP	230. 1	Burial, CREMATION, Burial	REMOVAL	23b. DATE			emetery or cremato Cemete on U.M.Chu	arvi d	CATION TY OR TOWN	ket F	reder	ick MD
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR 521 Oposs		ouglas	Stauf	fer	25a	AN 22		266. REGIST		URE



and completely filled in by the funeral director, page 3 ages 1 and 2 should be filed within 72 hours after death

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024159 1- FOR 1- STATE	DEPARTMENT OF HEALTH AND MENTAL HY
- STATE	CERTIFICATE OF DEATH

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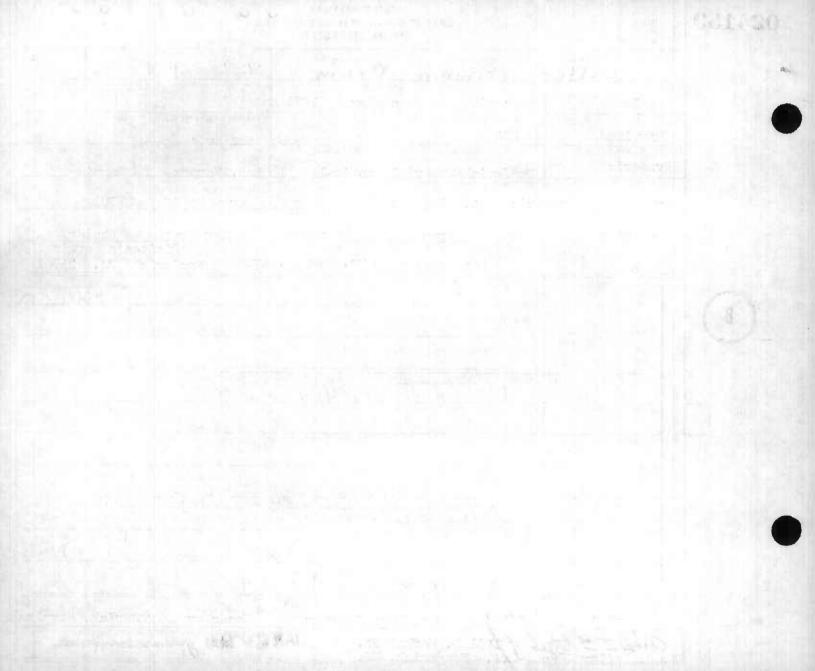
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		ORPRINT) WAT	LTER		DWARD		CRUM	20. DATE C	/86	15 Si	26 HO	4P _M	
	3. SEX	(4 RACE		5. DATE C		6 AGE (IN	YEARS LAST BIRTHDAY)	MONTHS DAY			
-		Male		Caucas	ian	Decen	ber 1, 1894	91	91 YRS		5 HOURS	MIN.	
		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D X NEVER MARRIED	9 BALTIM	ORE CITY OR COU	NTY OF DEATH	OF DEATH		
2	l	Maryland		USA		WIDOWE	D DIVORCED	Fre	derick,			MD.	
1		TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN TH FACILITY, GIVE STREET		OR OTHER INSTITUTION		OCCUPATION ORK FOR MOST OF WORKIN		OF BUSIN	ESS OR	
7		rederick		Freder	rick Memorial		Hospital	Ret.	Farmer	Fari	Farming		
1	USUA 13a S	AL RESIDENCE (# NURSIFITATE	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET	ADDRESS / ZIP CO	ODE			
9	Ma	ryland			Mt. Pleas		YES NO X		um Road	2170	1	E1 637	
	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME	MIDDLE		LAST		
1		Charles	F	dward	Crum		Florence		Margaret		zler		
		AS DECEASED EVER I	N U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT			izen's		ng Home	
	{1	es, no or unknown;	(IF YES, GIV	E WAR OR DATES)	214-32-4	673A	Mrs. Mary R.	. Crum		ick, Md		701	
		18 CAUSE OF DEATH	Enter or	ly one cause per						BETWEE	OXIMATE INTI	D DEATH A	
		PART I. DEATH WA	AS CAUSE	D BY:	MAN	1100	nia				1111	IPK	
			IMMEDIA		2 16 1 601 1550115	1			- V-127 - 1				
		Conditions, if any,	which	DUE TO, O	r as a Conseque	NCE OF							
1		gove rise to imm cause (a), stating	ediote	(b)									
-		underlying couse	last	DUE TO, O	r as a conseque	NCE OF							
4		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE											
,	20	MYhe	1050	lerotic	- CATO	1101	1ascular	Dis-	eace				
V.	CERTIFICATION	190 DATE OF OPERAT	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
	T E							YES [NOD	YES	NO	_	
3	E E	210. ACCIDENT WAS UND	_	110110 4	FINJURY	AV VEAD	21c. HOW INJURY OCCU	JRRED (FNTER	NATURE OF INJURY IN ITEM	IB PART I OR PART	?)		
П	AL	OR CONTRIBUTING C.		4117		19							
a	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		21f LOCATION		CITY OR TOWN	COUNTY		STATE	
-11	Σ.	WHILE NOT WHE	IE 🗍	(AT HOME, STI	REET, FACTORY OFFICE, F	ARM, ETC.)	1	1	1/1	- 1 /			
4	100	220.1 certify that (I)	-	tol) ottended #h	el deceased from_		D - 19 X	(-) to		. 19 3	4, thoy(1)	[we) lost	
		saw the decease above, (1) (we) (d	d alme an	ti diau the holl	ofter death	36,01	nd that in (my) (aur) apinio	in death accuri	red on the date and	have and from t	he causes s	toted	
И		226. SIGNATURE	ray (and mo	10 / 1	diter dedili.	>	DEGREE	THE TELE		73c DA	IE SIGNED	100	
U		lie	M	P.11	me 1x	/	ATTENDING PHYSICIAN		STAFF		117	18/2	
1		224 PHYSICIAN'S NA	ME (TYPE C	OR PRINT)	11.		22e ADDRESS	11 17		0			
		(95)	PI	5.6	line	IK	804 10	11/10	USE AV	-		The state of	
		URIAL, CREMATION,	REMOVAL	73h DATE	230	NAME OF C	EMETERY OR CREMATOR	Y 23d LOC	ATION	COUNTY		STATE	
		Burial	0	1/18/	86 Mt	. Норе	e Cemetery	Woo	dsboro, F			ryland	
d	24. FL	The Albour Cton	A La	lupto	O1 NADDIMO	rket 9	st Jan	NEO'O W	RECUSTRAR 255 REC	GISTRAR'S SIGN	ATURE		

Frederick Md

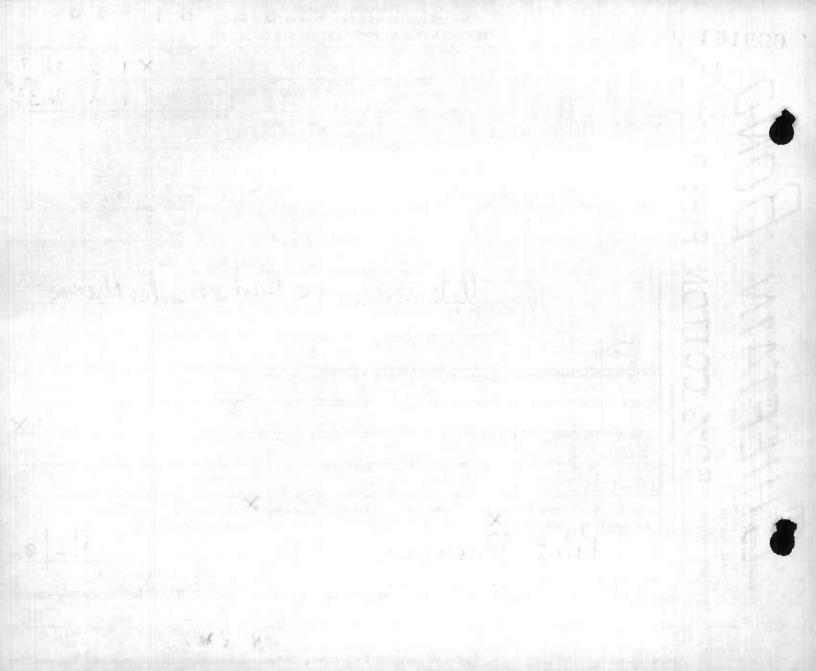
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR Asserting contribute has been signed by should be detailed by use on the businishmonth general. Then please with the State Dapp of Health and Mental Higgs as prior to businish and Mental Higgs and the second services of the Montal Higgs and the second services of the



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA - STATE 009164 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-DARNER WILLIAM ALDEN 4 RACE 5 DATE OF BIRTH & AGE LIN YEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS DATE PRONOUNCED MALE WHITE 01 07 78 DEAD TO BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA FREDERICK MD O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS CONSTRUCT Sunday's Lane, Fred., MD CERAMIC FREDERICK Frederick, MD 13e STATE 136 COUNTY 13c. CITY OR TOWN Sunday's Lane FREDERICK FREDERICK MD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST DARNER ALICE ELÏZABETH HIMES JOSEPH WILLIAM MAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESROCKYRidge, MD 166 SOCIAL SECURITY NO IYES NO OR LINKNOWNI Thomas C. Darner 14609 Bollinger Rd N/A 220-16-0841 NO 18. CAUSE OF DEATH (Enter only one cause per line or (at (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY STATE 220 I certify that I took charge of the remains described above, held an Autopsy and in my opinion Homicide Undetermined monner Natural couses TITLE (SPECIFY) DATE Deputy 812 Toll House Ave. EXAMINER'S NAME Robert J. Thomas, M.D. Frederick, Md. 21701 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR C Frederick Jefferson 1/6/86 Jefferson Lutheran BURIAL 07/B4 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250. DATE REC'D. BY TE CHENCE G. Douglas Stauffer **DHMH** - 17 .621 Opossumtown Pike, Frederick, MD (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Meredith Denham

20 DATE OF DEATH 2b HOUR 986 11:45 JANUARY AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR

Dec. 13, 1895 MARRIED NEVER MARRIED

9. BALTIMORE CITY OR COUNTY OF DEATH Frederick County

TERMINALLY

CITY OF TOWN

and that in (my) (ear) apinian death accurred an the date and have and from the causes stated

- MEDICAL

WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Meridian Nursing Home

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Stenograpger INDUSTRY

4919 Cumberlan Ave., 20815

Maryland 4 FATHER'S NAME

Frederiick

- STATE

TYPE OR PRINTS

3 SEX

CERTIFICATION

REGISTRAR 1. DECEASED NAME

Female To BIRTHPLACE IS ATE OF FOREIGN

Illinois

10 CITY OR TOWN OF DEATH

Dorothy

10ROTH

Luff Meredith 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

IMMEDIATE CAUSE (O.

ontgomery

4 RACE

White

U.S.A.

76 CITIZEN OF WHAT COUNTRY?

16h SOCIAL SECURITY NO 579-22-4684A

PRODABLE

Chevy Chase

Locust Grove Farm, Inrayden PNEUMONIA

15 MOTHER'S MAIDEN NAME

Nellie

Jennings 17 INFORMANT Mrs. Elizabet Applieber

Md. 20630 APPROXIMATE INTERVAL

Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause

William

PART I. DEATH WAS CAUSED BY:

DUE TO OR AS A CONSEQUENCE OF

(AT HOME STREET FACTORY OFFICE FARM ETC.)

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

INSUFFICIENCS 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

71m ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

21f. LOCATION

ATTENDING .

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

STATE

22c. DATE SIGNED

22a I certify that (1) (the hospital) attended the deceased from 2 JANVARY saw the deceased alive an abave, (1) (we) (did) (did hat) view the bady after death 22b SIGNATUR

22d. PHYSICIAN'S NAME JUYPE OF PRINTS

Dr. George I. Smith, Jr. MD 22e ADDRESS

14 JANUARS FG PHYSICIAN DIRECTOR PHYSICIAN 804 Toll House Ave., Frederick, Md. 21701

23a BURIAL, CREMATION, REMOVAL Euria1

21d INJURY OCCURRED

Jan. 16, 1986

23c NAME OF CEMETERY OR CREMATORY Union Cemetery

DEGREE

Leesburg, Loudoun, Virginia

DHMH - 16 60M 7/B4 (VRA 15, 4)

d b

24 FUNERAL DIRECTO Smith, Keeney & Basford Funeral Home 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 106 East Church St., Frederick, Nd. 21701

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106 East Church St., Frederick, Maryland 217000

(VRA 15, 4)

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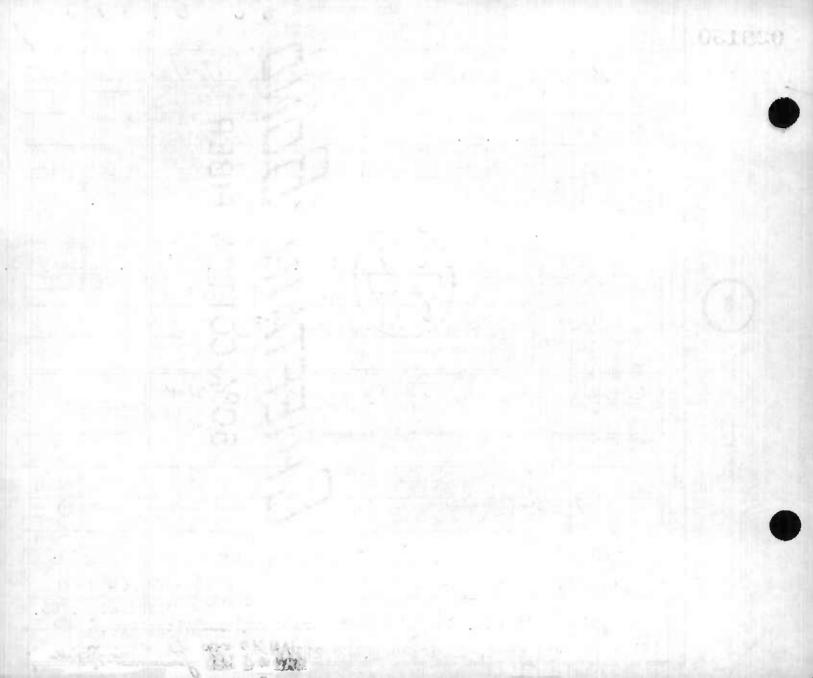
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STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO.

		EASED NAME FIRST	,	WIOOFE	l	AST	20 DATE C	OF DEATH MONTH	DAY Y	EAR	26. HOUR	
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1	1 SEX	Female	White		Sep	t. 1 ³ , 1 ⁹ 17		I YEARS LAST BIRTHDAY)	IF UNDER	DATS	IF UNDER 24 HRS HOURS MIN.	
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1		AL RESIDENCE (IF NURSING HOME OR TALE		MI del et		13d INSIDE CITY LIMITS?	13e STREET 201	ADDRESS / ZIP	Blud.	2	21769	
9		Toseph L.		Bohon	1	15 MOTHER'S MAIDEN NA/ FIRST Maud	ME	WIOOFE	Ree	d		
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DHMH - 16 60M 7/84

MPORTANT: IF

(VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

Jan. 31,1986 Lutheran Cemetery Middletown
21769 | ISS DATE REC'D. BY REGISTRAR ISS REGI 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Middletown, Thompson Funeral Home

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					OTHER INSTITUTION		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker				
13a	STATE 136 CO	YTML	13c. CITY OR TOW	YES NO [13e.Street ADDRESS / ZIP CODE 276 Pin Oak Driv			ve 21701	
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			1		PHYSIC 22e ADDRESS	CIAN DE	PHYSIC	IAN 🗌		n. 86	
	George	I. Smi	th, Jr M.	D.	804 Tol	11 Hou	se Ave.,	Frede	rick, N	d. 21701	
	1. DE (1791) 3 SE M3 10 C F1 USU 130 : 14 F/	1 - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3 SEX Female 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH Frederick USUAL RESIDENCE (IF NURSING HOME: 130. STATE USUAL RESIDENCE (IF NURSING HOME: 130. STATE John 14 FATHER'S NAME FIRST JOHN 160. WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) 18 CAUSE OF DEATH Enter (YES NO OR UNKNOWN) 18 CAUSE OF DEATH Enter (YES NO OR UNKNOWN) 19 QUE rise to immediate cause to stating the underlying cause lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 190. DATE OF OPERATION 191. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINA 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINA 22d I certify that (1) (the hose sow the deceased drive of above, 14) (we) (did) (did 22b. SIGNATURE	1. DECEASED NAME (TYPE OR PRINT) 3. SEX Female 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH Frederick USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION IN STATE 136. CUNTY Maryland 14. FATHER'S NAME FIRST John 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) 18. CAUSE OF DEATH Enter only one couse por PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) PART 2. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING COUSE IN STATE 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONTRIBUTING COUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING HOUR AT WORK 191. ACCIDENT WAS UNDERLYING HOUR AT WORK 210. ACCIDENT WAS UNDERLYING HOUR AT WORK 211. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 2120. I CERTIFY THAT (I) (This hospital) attended the obove, Mr (we) I did (did not) view the bod 27b. SIGNATURE 220. I CERTIFY THAT (I) (TYPE OR PRINT)	1. DECEASED NAME (IMPEOR PRINT) 2. SEX Female 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH Frederick 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 136, STATE 136. STATE 137. STATE 138. STATE 138. OUNTY Maryland 14. FATHER'S NAME FIRST NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NOOR UNKNOWN) NO 18. CAUSE OF DEATH (Enter only one cause per line for 101, (b), and PART 1. DEATH WAS CAUSED BY (MARE) CONDITIONS 18. CAUSE OF DEATH (Enter only one cause per line for 101, (b), and PART 1. DEATH WAS CAUSED BY (MARE) CONDITIONS 199. DATE OF OPERATION 199. DATE OF OPERATION 199. CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTER MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING (IC) 190. CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTER MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING (IC) 210. ACCIDENT WAS UNDERLYING (IC) 210. ACCIDENT WAS UNDERLYING (IC) 211. TIME OF INJURY HOUR A.M. MONTH DATE (IF EITHER NOTER MEDICAL EXAMINER) 212. I CERTIFY THAT (IT) WHILE (IT)	The REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 2. SEX 3. SEX 4. RACE White 7. BIRTHPLACE (STATE OR FOREIGN NOV MARY Jand 10. CITY OR TOWN OF DEATH STATE OR FOREIGN NOV 10. CITY OR TOWN OF DEATH STATE NOW 11. NAME OF HOSPITAL, NURSING HOME OR STATE NOV 12. TO PIN Oak Drive USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION ON PRISIDENCE BEFORE ADMISSION) 13. STATE 13. SEX 4. RACE White NARRIED MARRIED MARRIED MARRIED 11. NAME OF HOSPITAL, NURSING HOME OR STATE NOW 12. TO PIN Oak Drive 13. CITY OR TOWN Frederick 14. FATHER'S NAME FIRST JOHN 15. COUNTY Frederick Frederick 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. WAS DECEASED EVE	T. DECEASED NAME INST EDINA R. R. RACE S. DATE OF BIRTH NOV. 23, 19 10. BIRTHPLACE (STATE ON FOREGON OF COUNTRY) MATY LAND B. COUNTRY MATY LAND B. COUNTRY MATY LAND B. COUNTRY B. MARRIED NEVER MARR MONE OCCUPY MATY LAND B. COUNTRY B. MARRIED NEVER MARR DIONE D. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTOR, GIVE ESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY MATY LAND B. COUNTY MATY LAND B. COUNTY MATY LAND B. COUNTY B. COUNTY B. MARRIED NEVER MARR WIDORE D. NO B. MARRIED NEVER MARR MONE D. NO B. MARRIED NEVER MARR NO B. MARRIED NEVER MARR MONE D. NO B. MARRIED NEVER MARR MONE D. NO B. MARRIED NEVER MARR MONE D. NO B. MARRIED NEVER MARR NO B. MARRIED NO B. MARRIED NO B. MARRIED NO B. MARRIED NO B. MARRIED	1. DECEASED NAME ITREST Edna R. R. R. R. R. R. R. R. R. R	TABLE RECISTRAR CERTIFICATE OF DEATH REG N DECEASED NAME PRINT EDINA R. PRINT GOINS R. DECEASED NAME PRINT EDINA R. PRINT GOINS R. DECEASED NAME PRINT EDINA R.	CERTIFICATE OF DEATH REG NO.	1. DECRASED NAME 1835 Edna R. COLLING GOINS 780 DATE OF DEATH REG. NO. 1. NAME OF HOSPITAL NURSING HOME 1. NAME OF HOSPITAL NURSING HOME 1. NAME OF HOSPITAL NURSING HOME 1. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 1. NAME OF HOSPITAL NURSING HOME OF HOSPITAL NURS	

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(VRA 15, 4)

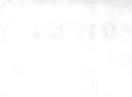
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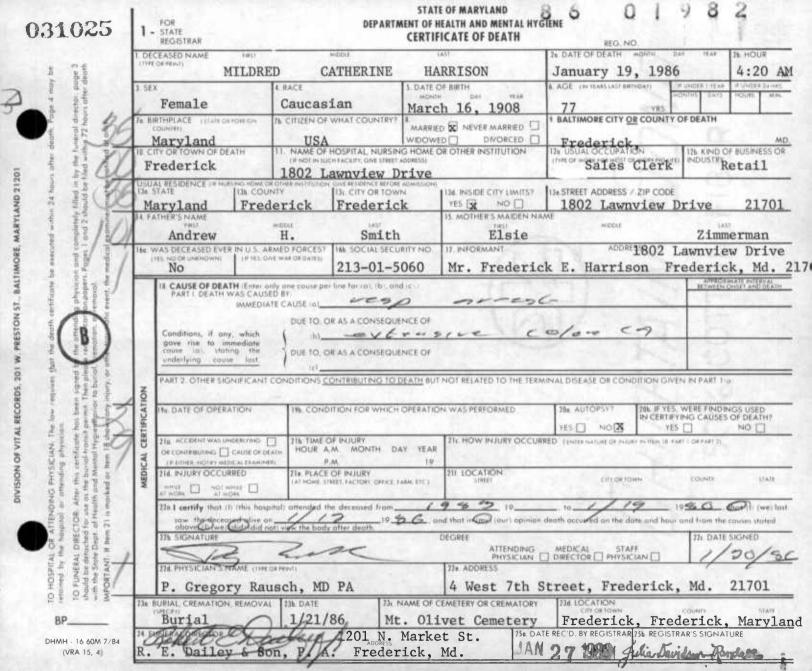
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STATE OF MARYLAND



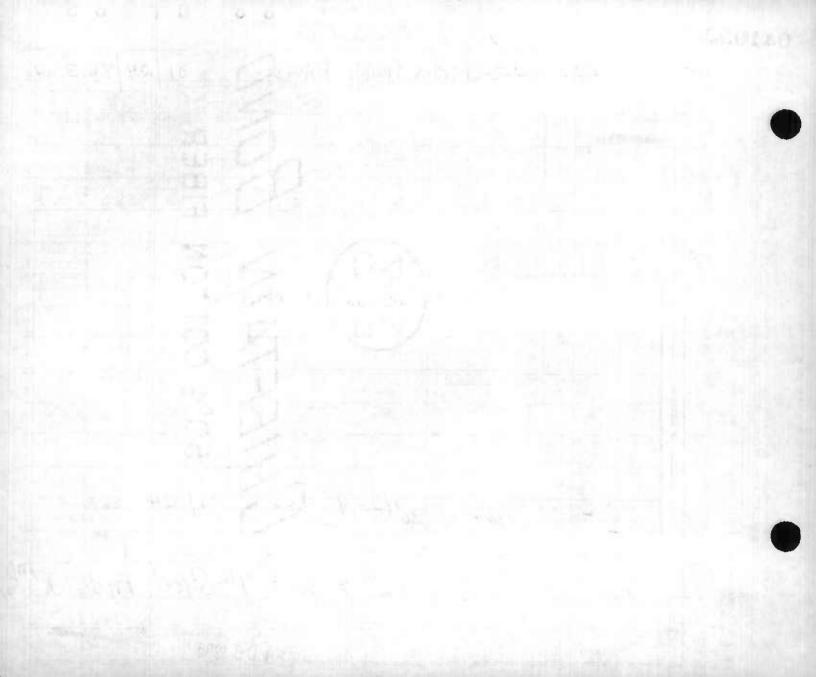
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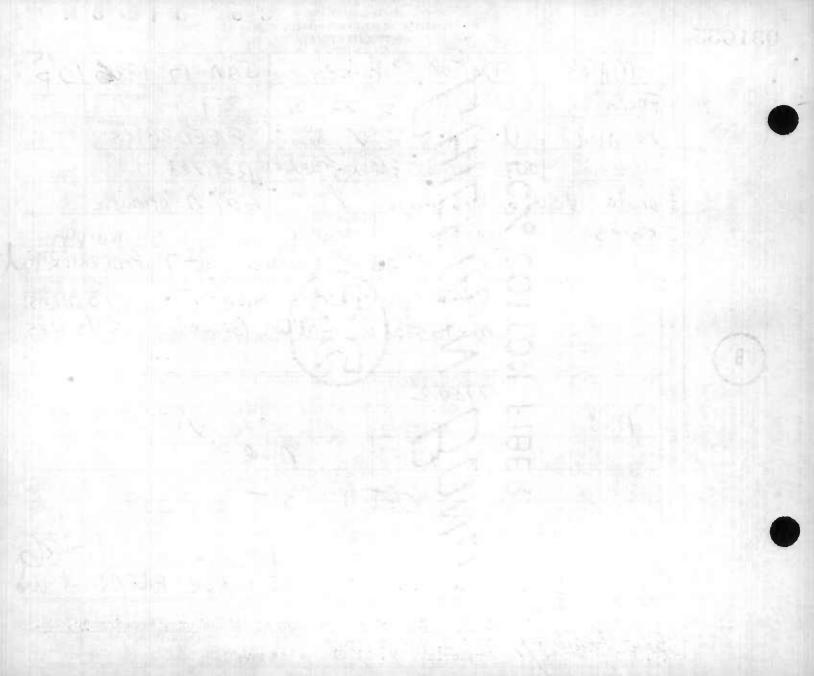


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STATE OF MARYLAND



DIVISION OF VITAL



20

I DECEASED NAME

Male

Tennessee

TO BIRTHPLACE ISTATE OR FOREIGN

10 CITY OR TOWN OF DEATH

Frederick

SLHER

(TYPE OR PRINT)

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HODGES

July 7, 1902 YEAR

MARRIED ANEVER MARRIED

DIVORCED T

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Frederick Membrial Hospital

CERTIFICATE OF DEATH

20 [

6. AGE (IN YEARS LAST BIRTHDAY)

BALTIMORE CITY OR COUNTY OF DEATH

Frederick County

(TYPE OF WORK FOR MOST OF WORKING LIFE

83

Farmer

REG. N	0.				
ATE OF DEATH	MONTH	DAY	YEAR	25 HOUR	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TENDING PHYSICIAN. The law requires that the data continue be executed within 24 hours offer death ringe 4 may be ital or attending physician.	OR After this certificate has been signed in the Chair payment and completely filled in by the funeral director, page to use as the burief transit permit. Then please the complete of the burief transit permit. Then please the complete of the burief transit permit is the property of the burief transit permit in the please that the property of the burief transit permit is the property of the burief transit permit in the please that the property of the burief transit permit is the property of the burief transit permit in the property of the burief transit permit is the property of the burief transit permit in the burief transit permit is the burief transit permit in the burief transit permit in the burief transit permit is the burief transit permit in the burief transit permit in the burief transit permit is the burief transit permit in the burief
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should be owith the Str		Dr. Ge	orge I. Sm	ith, Jr.	804 Toll Hou	ise Ave., Fr
- " ,		URIAL, CREMATION, REMO		Sm 1986 Mount (EMETERY OR CREMATORY	23d LOCATION

ERNEST

75 CITIZEN OF WHAT COUNTRY?

White

U.S.A.

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

126. KIND OF BUSINESS OR

ZIP CODE Pike 21701

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Dyer

559902 Gas House Pike 701

DITION GIVEN IN PART 110

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

Y IN ITEM IS PART I OR PART 2)

COUNTY STATE that (I) (we) lost

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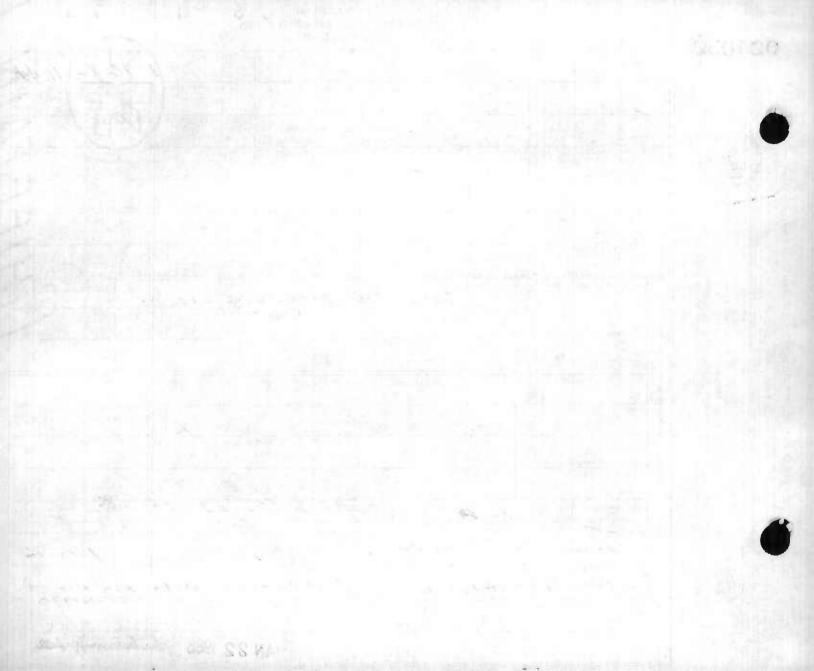
ck, Frederick, Md. 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERA DIRECTOR TI MENEY & Basford Funeral Home 106 Hast Church St., Frederick, Md. 21701

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

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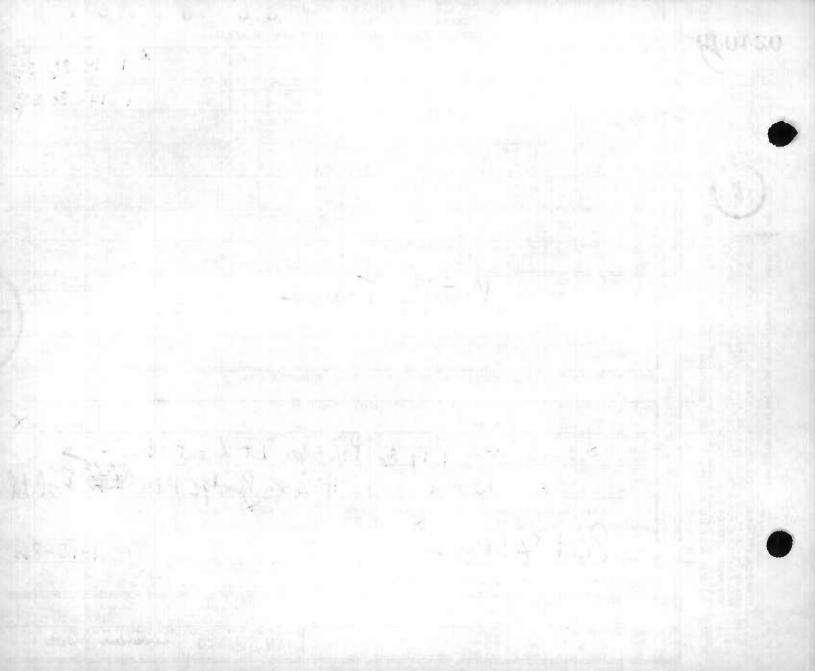
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STATE OF MARYLAND - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) DEATH MATED EUGENE JOHNSON DAVID 4. RACE DATE OF BIRTH IF UNDER 24 HRS DATE VEAD LAST BIRTHDAY) PRONOUNCED 34 YRS 51 08 04 DEAD MALE WHITE 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA FREDERICK WIDOWED [DIVORCED MD 120. USUAL OCCUPATION (TYPE OF WORK IO CITY OR TOWN OF DEATH IT NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Roller Operat. 15 S.&Hessong Brdg. Rd. Construc. FREDERICK USUAL RESIDENCE HE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 30 STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? THURMONT 10902 Putman Rd., FREDERICK MD 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME RICE HILDA JAMES W. JOHNSON, RUTH 10902 Putman Rdit 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATES! 217-58-3158 Charles W. Johnson, Sr. 18. CAUSE OF DEATH (Enter only one cause A) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED AT WORK NOT WHILE PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE B BALLIMORE, MARYLAND, 21201 220 I certify that I took charge of the remains described above, held an Inspection Autopsy Inquiry and in my apinian Accident Z Hamicide ___ Undetermined manner Suicide TITLE (SPECIFY) Deputy 812 Toll House Ave. EXAMINER'S NAME Robert J. Thomas, M.D. Frederick, Md. 21701 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Dunkard Brethren Cem. Mountaindale Frederick MD BURTAL 07/84 25M 24. FUNERAL DIRECTOR DouglasomeStauffer **DHMH - 17** (VR A15 ME (5)) Opossumtown Pike, Frederick, MD



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	A HOE	V F	REDERIC	K	(If	CO 2 C TO			y Do	29		FORA	NONE	NG LIFE)		OR	NONE	Y
	S S S S S	USU	AL RESIDENCE	IF IN NURSING HO	OME OR OTHER	6926 F	RESIDENCE B	EFORE ADMISSIO	N1			-		_	-			
1201	IF ANY DELAY 2, AND 3 TO TH 3, RETAIN PAG 5, HOULD BE FILL 1, PETGROS, 20	13a S	TATE	13b CC	TIMUC		13c. CITY	ERICK		13d INSIDE CI	TY LIMITS?	13e STRE	6 FISH	В НАТО	HERV	RD	21	701
0.2	A A A PAR		ARYLAND	FI	REDER.	ICK	FREL	ERICK						HAIC	JILKI	I(D)		701
ALTIMORE, MD. 2120	PW 3	1	FIRST		MIDD		L.	AST	TT	15. MOTHE	IRST		AA1D	DIE		HAN	LAST	
ORE	86× × 8		LARRY	CVED NUME	RAYM			RMAN,		SHA!			ELIZAB			пар	ATA	
¥.	FOR SESTION	160 (WAS DECEASED	WH) (IF YES,	GIVE WAR OR			AL SECURITY					692	6 FIS	SH HA	TCHI	ERY R	D.
3/	SE SE		NO		NO		N	ONE		SHARO	N E.	HANN		DERIC			21701	F7 =
- 7	SH > Ja"		IS CAUSE O	DEATH (Ente	r only one	couse per line f	or (o), (b),	ond (c).)	17	Trans.	774					BETV	PPROXIMATE	AND DEATH
3	AL NEW T		PARTIDE	IMME	DIATE CAL	JSE (oSudde	en In	fant D	eath	Synd	rome							
STO	NOW WOV				(DUE TO, OR A	SACONS	SEQUENCE O	F									
ec ec	RE A SER			s, if ony, w		(b)							100					
₹.				stating the un		DUE TO, OR A	S A CONS	EOUENCE O	F				1777	- 10			17.	
201	XECUTED JG" IN PR SAL EXAM BURIAL- AND MEI ATION, C		lying cau	SE IOST.		(c)												
DIVISION OF VITAL RECORDS, 201 W. PRESTON	HOULD BE EXECUTED SPD "PENDING" IN PROCEED EXAM EUSED AS A BURIAL-EUSED AS A BURIAL OR A FATION, CALL		PART 2 OTHER SIG	NIFICANT CONOIT	IONS CONTRIB	UTING TO DEATH BU	T NOT RELAT	O TO THE TERMIN	IAL OISEASE	OR CONDITION	GIVEN IN PA	RT T (a).						
9	BE EXE ENDING MEDICA AS A BI SALTH A CREMA	No																
84	JEAN TO T	CERTIFICATION	19a. DATE OF	OPERATION	7 - 7	196. CONDITIO	ON FOR W	HICH OPERA	TION W	AS PERFOR	MED?					20 A	UTOPSY?	
¥.	SHOULD ORD "P CHIEF E USED T OF HE	FF	1000													,	YES X	NO 🗆
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2	A HE COUNTY		UNDERLYING CONTRIBUTIN	OR	OF DEATH	HOUR A.M.	HINOM											
Si	SHO DI ON THE SHAPE	MEDICAL	21d. INJURY C	-	OF DEATH	21e PLACE OF	INJURY	19 LAT HOME,	21f. LOC	ATION			104					
DIV.	IS CE REDE	A M	WHILE AT WORK	NOT WHILE		STREET, FACTO	RY, FARM, ETC	:)	S	REET			CITY OR TOWN	4	co	YTAU		STATE
	ISSA4-		AT WORK	AT WORK														
	SH SO SH		22a I certif	y that I took c	horge of the	remains descr	ibed abov	e, held an	Autops	<u>y</u> X	Inspectio	n LJ.	Inquiry	J. on	nd in my or	pinion		
	ME BETA		death resulte	d from: N	latyral av	ses X	Accident	, Suic	ide 🔲	Homic	ide .	Undete	ermined man	ner .				
	AN WILL		ACTIVAL	(7 8	Y				TITLE (SI	PECIFY)							
	A HE HE HE		ACTUAL SIGNATURE	X	/				M.	D. Assi	stant	MEDI	CAL EXAMI	NER	DATE	ED_1	/30/8	6
	SEA SE	1	EXAMINER'S	JAAF	~				- 30						5 56			
	A CHE SE	1	TYPE OR PRIN	IT)	Grego:	ry R. K	auffn	an, M.	D	ADDRESS_	111	Penn	St.	Balto	o.MD.			
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2	23a.B	URIAL, CREMAT	ION, REMOV	AL 236. DA	TE	23¢ N	AME OF CEM	ETERY OF	CREMATO	RY	23d. LO	CATION		cou	NIY	STA	ATE.
07/84	BP	1	BURIA	L	FEB.	3,1986	B:	LUE RII	GE (EMETE	RY		RMONT	FR	EDERI		MD.	
25M	DHMH - 17	24. F	UNERAL DIRECT	TOR	21	11,000000	615	E. MAIN	I ST	F	DATE		REGISTRAR					
	(VR A15 ME (5))	F	OBERT	an Patt	FV	1	HIIRM			1790	D U	190	o guh	1 / Carlo	KS01/-/	STORY.	1	

DHMH - 16 60M 7/84 (VRA 15, 4)

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230 BURIAL CREMATION, REMOVAL

Cremation

Smith. Keeney & Basford Funeral Home 106 East Church, Street, Frederick, Md. 21701

77e ADDRESS

23c NAME OF CEMETERY OR

Jan. 20. 1986 Smithsburg Crematory

250 DATE REO'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Smithsburg, Washington, Md.

12b. KIND OF BUSINESS OR

Chamberlain

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

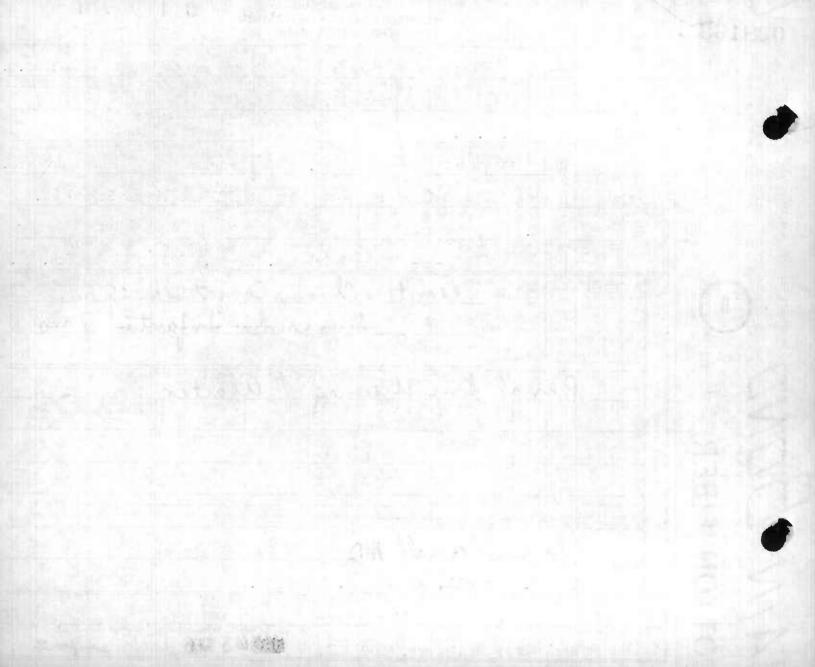
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				CERTII	TCATE OF DEATH	REG. N	٥.		
	CEASED NAME	FIRST T	HEODOKE	VINCE!		LEVINSON		MONTH D	1 - 86	26 HOUR
1.58			1 RACE		5 DATE (1/21/86 6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		Caucasi	an.	MONT		67		MONTHS DAYS	HOURS MIN.
To 81	RTHPLACE (Mate OR)	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
1	llinois		USA		WIDOW		Frederic	k		MD
0 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF COMPANY OF WORK FOR MOST COMPANY OF WORK FOR MOST COMPANY OF THE PROPERTY OF THE PROPE	ON		OF BUSINESS OR
	Frederick			ck Memor:		ospital	Ret. Govt	Emplo	yee	None
	AL RESIDENCE (IF NURS	136 COU		136 CITY OR TOW		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
Ma	ryland	Fred	erick	Frederic	ck	YES NO	109 West :		reet	21701
14 FA	THER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE			CT T
7	heodore		E.	Levinson	n	Ida	1110040		Ho1	mberg
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	\$109 W	. 2nd	St.
-	Yes		II	348-01-55	576	Mrs. Jeanne H				Md. 217
	18 CAUSE OF DEAT	H (Enter or	nly ane cause per	line lar (a), (b), and	dicel				APPROX	ONSET AND DEATH
	PART I. DEATH W					Severe End	- stone C	oph		
	NV III SHEET	IMMEDIA	TE CAUSE (0)						-	
			DUE TO, OI	R AS A CONSEQUE	NCE OF	Preumoni				
	Conditions, if ony,		(b)			1 treamout	0.0			
	gove rise to imr		A DUIS TO OI	R AS A CONSEQUE	NICE OF S		•			
	underlying couse		1002 10, 01	(AS A CONSEQUE	IACE OF	Peptic Ulca	er Visco	R		
	PART 2 OTHER SIGN	JIE IĆ A NIT I	CONDITIONS CO	ONIT DIRLITING TO D		NOT RELATED TO THE TERM			ENLINE DADE 1	
NO	ه)		LMONA		ZEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	JIIION GIVE	EN IN PART IT	0
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IFIC		1		/			YES NO	IN CERTIFY	YING CAUSE	
ERT	210 ACCIDENT WAS UNE	NEW ING E	7 21b. TIME O	E IN HIDY		Tal, HOW IN HIP OCCUPE		100		NO 🗌
_	OR CONTRIBUTING			M. MONIH DA	Y YEAR	21c. HOW INJURY OCCUR	LE LENTER NATURE OF INJU	IA IN THE PERSON	- Juni	
CAL	(IF EITHER NOTIFY ALL	A EXAMINE	R) P./		19			Add	/	
MEDI	214 INJURY OCCUR		21e PLACE (OF IN A IRY EET & CTORY OFFICE, FA	ARM ETC 1	211 LOCATION STREET	CITY OR TO	WN /	countr	STATE
2	AT WORK AT WO		12	The Control of the Control				-		
m	220 I certify that (I)	(11-1-1-2)	(a) ottended the	e deceased from_	No	1984			000	that (I) (a) last
	saw the decease	ed alive an) 19 \$	6 , a	nd that in (my) (apinian a	death accurred an the de	ate and hau	and Iram the	causes stated
	27b SIGNATURE	did) (view the bady	ofter death.	-	DEGREE			I 22. DATE	SIGNED
	Jan	-0-	1. K	- ran	ハウ	ATTENDING .	MEDICAL STAI		1/2	41/86
	224 PHYSICIAN'S NA	ME (TYPE C	OR PRINT)			22e ADDRESS TAN	EY AVE		2 204	
	James	2.	Q1:220	w W.D.		LOENS	RICK Y		ומרו	
22- 0	URIAL, CREMATION.	DEMOVAL	Im com	22.	IAME OF	EMETERY OR CREMATORY	23d LOCATION	. 6	101	
	SPECIFY)	KEMOVAL	Although the same	4			CITY OR TOWN		COUNTY	STATE
	Burial	0/	1/24/8	Mt.	01i	vet Cemetery	Frederick	Fred	erick,	Marylan
74 FL	Kalenti	-X	selleys	201 N. Ma	arket	St. 250 DATE	N 2 7 1986	256 REGISTE	RAR'S SIGNA	andelle
p 1	to Court	P 0	NAVA	The sales	1 -1 - 1	JA	N 2 / 1986 /	Turne	to Indian	

DHMH - 16 60M 7/8 (VRA 15, 4)

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

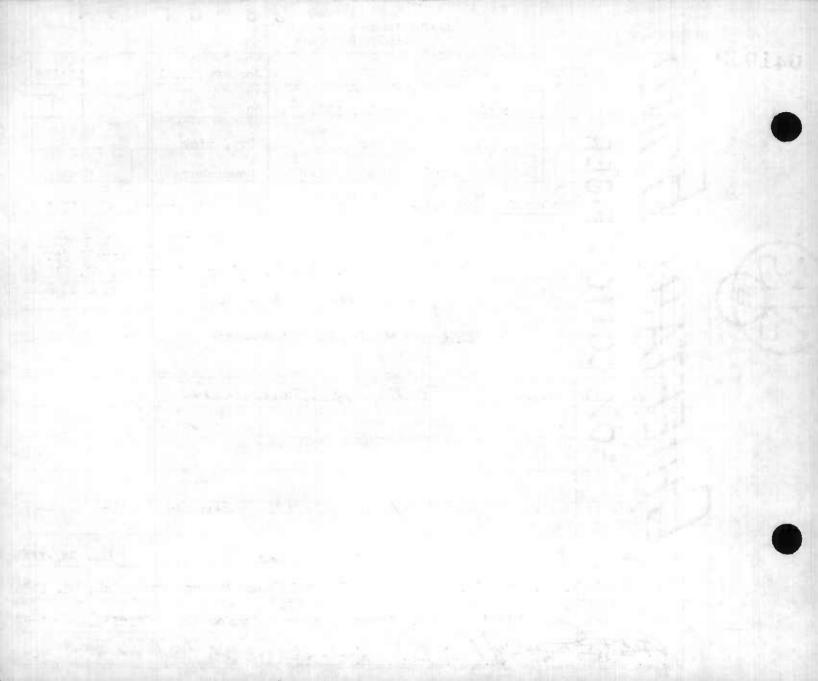
CERTIFICATE OF DEATH

BIRTHPLACE	AME FIRST CLARA					REG. N			
Fem BIRTHPLACE COUNTRY	CLARA		MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
Fem BIRTHPLACE COUNTRY			JANE	LE	VY	January 28	, 198	36	12:45
BIRTHPLACE		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	[HDAY]	IF UNDER 1 YEAR	IF UNDER 2.
COUNTRY	ale	Caucas	ian		10, 1886	99	YRS	MONTHS DATS	HOURS
	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
Maryl	and	U:	SA	WIDOWE		Frederick			
	WN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON	12b. KIND O	FBUSINES
rederi	ck		an Nursing		e	Homemaker			one
SUAL RESIDER	NCE (IF NURSING HOME O	OR OTHER INSTITUTION		ADMISSION)		13e STREET ADDRESS	/ 7/D COD		71.0
arylan	d Free	lerick	Frederic		13d. INSIDE CITY LIMITS?	400 North			21701
FATHER'S N	AME				IS MOTHER'S MAIDEN NA	ME	117 0110		21/01
Sam		Elmer	Brown		Clara	Margar	et	Wilc	ovon
WAS DECE	ASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDR	550 M	Carrol	1 0+
(YES, NO NO	NKNOWN) (IF YES, G	IVE WAR OR DATES)	220-44-20	506	Mrs. Edgar B			ont, Md	
18 CAUS	E OF DEATH (Enter of	nly one couse per	line for to the and	1011					MATE INTERV
PART	I. DEATH WAS CAUS	ED BY:	Congre	1	14.				
	-	CONDITIONS CO		-	NOT RELATED TO THE TERM		DITION GIV	VEN IN PART 110)
	OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN	
21a. ACCIO	DENT WAS UNDERLYING IBUTING CAUSE OF DI R NOTIFY MEDICAL EXAMIN	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART OR PART 2)	
		11. DIACE	OF INJURY		AV LOCATION			_	
OR CONTR	RY OCCURRED		REET FACTORY OFFICE, FA	RM, ETC }	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STA
21d INJU WHILE AT WORK 22d. cert sow obov	NOT WHILE AT WORK iffy that (1) (this has the deceased alive a re, (1) (we) (did) (did	(AT HOME STE	e deceased from	4/2	3 19 77 Id that in (my) (our) apinion o	to Jen.	28	19 8 G	that (we
OR CONTR (IF EITHER 21d INJU WHILE AT WORK 22a.1 cert SOW Obov 22b. SIGN	NOT WHITE AT WORK iffy that (1) (this hasp the deceased alive a e. A) twel (did) (did- ATURE LEATH 7.	(AT HOME, STE Dital) attended the n	e deceased from	4/2	STREET 19 77 Indication (my) (our) opinion of the control of the	to Jen.	2F ote and how	ond from the	that (we
OR CONTR (IF EILHER 21d INJU WHILE AT WORK 22d I cert SOW Obov 22b. SIGN 22d. PHYS G:	NOT WHILE AT WORK iffy that (1) (this has the deceased alive a re, (1) (we) (did) (did	ORPRINT) (AT HOME, STE OH) OHOLO OHOLO ORPRINT) JEAN ORPRINT)	e deceosed from Stoffer death. Jr. MD	912	od that in (my) (our) apinion of the physician of the phy	to Sen death occurred on the death	2 P	19 8 G ur and from the	that 1) (we couses state SIGNED ,29,1

Frederick, Md

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO 28 DATE OF DEATH MONTH DECEASED NAME 2h HOUR TYPE OR PRINTS 5:10 am January 28, 1986 A AGE LIN YEARS LAST BIRTHDAY SEX May 26, 1896 YEAR Male Caucasian BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED | Frederick CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Frederick Memorial Hospital Ret. Farmer Farming Frederick 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Frederick Maryland Thurmont 406 East Main Street/21788 1 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIODLE Fisher Sarah William Elizabeth Henry Long ADDRESS An WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT HE YES, GIVE WAR OR DATES! Thurmont, Md. 2178 213-24-9706 Miss Mary Agatha Long No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [] 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN STATE AT HOME STREET FACTORY, OFFICE FARM, ETC) WHILE NOT WHILE 1-24-24 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22c DATE SIGNED 22b. SIGNATUR DEGREE ATTENDING MEDICAL Jan/28/1986 M.D. PHYSICIAN X DIRECTOR PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME LTYPE OF PRINT BARAKAT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

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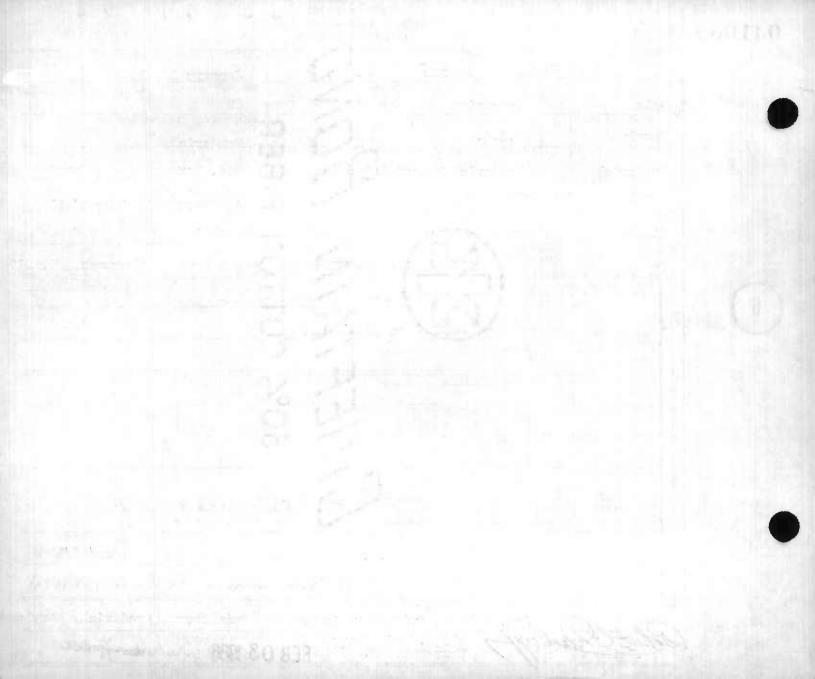
R.E. Daileve& Son PA

Cremation

Jan. 29, 1986 Smithsburg Crematory

Smithsburg, Frederick, Maryland DATE REC'D. BY REGISTRAL 256 REGISTRAR'S SIGNATURE

615 E. Main Street Thurmont, Md. 21788



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02	2091		FOR STATE				MENT OF	HEALTH	ARYLAN AND M	ENT AT H	YENE	0 1	9 9	1	
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	OR. URS. EET,	3. SEX	,	Geor		lward	MA 6 AGE (IN YE	RSH	IDED 1 VD	TIF UNDER	DI	ATH MATED	MONTH	19 80	e 4VM
	ARY, PLEASE L DIRECTOR. YOUR FILES. V 72 HOURS TON STREET,	J. JE	Male	White	5. DATE OF BIRT	1.936	LAST BIRTHD	AY) MONT		HOURS	MIN PROI	DATE NOUNCED DEAD	- 1	9 19 8	9 48.
Po	ECESS NERA FOR WITHII PRES	FO	RTHPLACE (S PREIGN COUNTRY) BOTGLA	TATE OR	76. CITIZEN OF		TRY?	8. MARR WIDOW		VER MARRIE	ED 🔲	Frede	rick Co	ountar.	MD.
	こまの言う		damsto		11. NAME OF HO	OSPITAL, NUF FACILITY, GIVE ST Village			ER INSTITU	JTION		OCCUPATION (DE WORKING LIFE) Al Poli	TYPE OF WORK	OR INDUS	
21201	2. AND 3 TO T 3. RETAIN PA 2 SHOULD BE F ALRECORDS; A	130 S	RESIDENCE TATE Larylan	136 COUN	or other institution. http://www.bachick	13c. CITY	BEFORE ADMISSIN OR TOWN	ON)	13d. INSIDE C	NO DI	130 STREET A		e Court	t. 2171	ment
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MORE	A A C I Z	16a. V	MAS DECEASE ES, NO, OR UNKN	D EVER IN U.S. AR	MED FORCES?	Marsh 166. SOC	IAL SECURIT	Y NO.	17 INFOR	Hall:	16	5) ADDRI	Vallage	Daniel Court	
BALTI	S AFTE GIVE P ITH FC PAGES		Yes	1957-	1962		2-7072	2	irs.	Joyce	Marsh		torm, 1		10
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	TIED WITHIN 24 YOU IN PERCEL IN ITEMS 8 EXAMINES TREWS 144. THANSIT REPORTS AND ONLOR REMOVAL.		Condition	ns, if ony, which se to immediate storing the under	DUE TO. (b)	OR AS A CON	SEQUENCE (Ca	dior	sola	My	ene	BETWEEN ONS	SET AND DEATH
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ITAL RE	CERTIFICATE SHOULD ITING THE WORD "PENDED TO THE CHIEF ME SAFOULD BE USED A SHOULD BE USED A SHOULD BE USED SHOULD SHOW TO BURIAL, CONTRACTOR SHOW THE SHOW TO SHOW THE SHOW T	CERTIFICATION	19s. DATE O	OPERATION	19b. CON	DITION FOR V	WHICH OPER	ATION W	AS PERFOR	RMED?				20 AUTOPS	NOX
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DIVISIO	WRITING WARDED TO PAGE 3 SHOTTED TO THE DEPART OF THE DEPA	MEDICAL	21d INJURY		21e PLAC	E OF INJURY ACTORY, FARM, ET			CATION		CITY	ORTOWN	cou	NIY	STATE
•	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: (WITH THES MARYLAND,			ify that I took char	ge of the remains of trail causes (2),	Accident		Autop	, Homi	Inspection cide ,	Undetermin	EXAMINER	ond in my opi	الماء	86
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, N		EXAMINER'S (TYPE OR PR	NT) KOL	ert J. T				ADDRESS_	F	rederi	.1 House			
07/84	BP	(:	Burial	TION, REMOVAL	Jan 13,		locky		etera	ns Cem		tstone.			ryland
25M	DHMH - 17 (VR A15 ME (5))	24 F		Leeney	and Bass		ineral lerick	Home Md.	2170	JAN	1 6 10	ISTRAR 256 RE	EGISTRAR'S SI	GNATURE	N

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037159 70 DATE KNOWN X TYPE OR PRINT DEATH MATED 86 Alvaro Melo 19 Jose 6 AGE (IN YEARS 5 DATE OF BIRTH IE UNDER 24 HRS 7c DATE LAST BIRTHDAY) PRONOUNCED 19 86 1962 22 DEAD Male White Nov. TO BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X U.S.A. Columbia WIDOWED DIVORCED Frederick County, IR CITY OF TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Mt. Airv 710 Robinwood Student & Employed Construction 134. INSIDE CITY LIMITS? 130. STREET ADDRESS 13a. STATE Frederick 710 Robinwood Md. Mt. Airv NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Lourdes DeLapaz Antonio Melo Maritza Alvaro 17 INFORMANT 200 Deerpark Rd. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATEST Gaithersburg, Md. 20877 214-92-1377 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID. CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO T 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME IL LOCATION EXECUTE THE LANGE BE FORWARDED PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3. AFFIER DEATH, WITH THE STATE DE BALTWORE, MARYLAND, 21201 F CITY OR TOWN NOT WHILE AT WORK AT WORK Autopsy XX 27g. I certify that I taak charge of the remains described above, held an death resulted from Accident Hamicide Undetermined manner Natural causes M.D. Assistant MEDICAL EXAMINER 1-27-86 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 236 NAME OF CEMETERY OR CREMATORY Rockville Burial Parklawn Cemetery Montg. 25M 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 316 Diamond Ave. **DHMH - 17** Gaithersburg, Md.2087 Gartner Sandison F.H. (VR A15 ME (5))

STATE OF MARYLAND

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Jan 20. 1986 Mt. Olivet Cemetery

Smith, Keeney and Basford Funeral Home

106 East Church St. Frederick

Frederick, Frederick, Maryland

250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) Burial

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BALTIMORE	A PAGE		No	n/	a				L. I	Miche	e11e	Mor	ris,	180	07 F	≀usti	.C
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	IS CERTIFICATE SHOULD BE EXECUTES RETING THE WORD. "FENDING" IN F. REDE TO THE CHIEF MEDICAL EXA GE 3 SHOULD BE USED AS A BURRAL TE DEPARIMENT OF HEALTH AND MI ZOT PROR TO BURIAL. CREMATION,	-	PART 2 OTHER SIGNIFICAL	NT CONDITIONS C	ONTRIBUTING TO DEATH BE	IT NOT RELATE	D TO THE TERMIN	AL OISEASE (OR CONDITION	N GIVEN IN PAR	RT 1 a					10	
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u	TAAAA.	15	AT WORK AT W	VORK													
			22a I certify that	I took charge	of the remains descri	ribed abov	held on	Autopsy	X.	Inspection	,	Inquiry	□, .	and in my	y opinion		
	EXAMINER: CERTIFICAT ULD BE FOR UDBECTOR: (WITH THE	. 3	death resulted fram	m. Noture	al causes	Resident	Suice	de .	Homic	ide .	Undet	ermined moi	nner				
	WAR WAR		ACTUAL		1///	> Y			TITLE (S						**		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
	1 DECEASED NAME FIRST	5	AIDDLE /	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 30
	James	FO	ward M	orrison	Jan. 6	, 1986 8 AM
1	3 SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
J	1/10/2	13/ac	K 9	3 05	80 YRS	
	70 BIRTHPLACE (STATE OF FOREIGN			XNEVER MARRIED	BALTIMORE CITY OR COUN	
4	Maryland	USA			Frederick Co	
	10 CITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING HOME OF PACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION 13 TYPE OF WORK FOR MOST OF WORKING	
4	Knoxville		ence - 3634 Aus	sherman Road	Brakeman	Railroad
1	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136 COUNTY	VTY	13c CITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	
2		derick	Knoxville	YES NOXX	3634 Ausherma	n Road / 21758
	14 FATHER'S NAME FIRST	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
4		ward	Morrison	Ada	Cora	Brooks
		MED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS 36	34 Ausherman Rd.
1	No		216-14-5815	Maude L. Mo	rrison - Knoxvi	lle, Md. 21758
1	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly one cause per D BY:	line tograt, the and ice	ri 16.	+1 -	ANTWEN ONS! AND DEATH
		E CAUSE (a)	merrie	les / ver	acresso w	W.
1		DUE TO, OF	AS A COMBED ANCE OF	0.0	14	0
	Conditions, if any, which gave rise to immediate	1 100	reales my	wendens	inforction an	1
	cause (a), stating the	DUE TO OF	A CONSEQUENCE OF	1.0	0	1
1		(0)	congera	Le forte	re	> year T
1	Z PART 7: OTHER SIGNIFICANT	CONDITIONS CO	SHTRIBUTING O DEATH BUT	NOT BELATED TO THE TERM	INAL DISEASE OR CONDITION	INEN IN PART ION
-	199 DATE OF OPERATION Dec 23 198 710. ACCIDENT WAS UNDERLYING	ned 1	TION FOR WHICH OF RATIO	N WAS PERFORMED	200 AUTOPSY? 201/ IF	YES, WERE FINDINGS USED
5	De 22 100	1	0 0	0-8+1	IN CER	TIFYING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING	1 216 TIME O	May and mode	21c HOWANSHIEL OCCUR	RED I NIER NATURE OF INJURY IN ITEM T	YES NO
d		1 110110	M. MONTH DAY YEAR	margaratar accom	MED THUSE NATURE OF INJURY IN HEM I	8 PART OR PART 2)
	OR CONTRIBUTING [] CAUSE OF DE. [IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE (2H LOCATION		
			EET, FACTORY, OFFICE FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	220 I certify that (I) (this hosp	. 1) - 1 - 1 - 1 - 1 - 1	1)4	1-18 85	1 406	2086
	sow the deceased alive or	110		nd that in (my) (apinion	death accurred on the date and h	nour and from the causes stated
	abave, (1) (see) (400) (did no	t) view the body	after deat	DEGREE		224. DATE SIGNED
	1. lens	1/	Chance ?	ATTENDING	MEDICAL STAFF	1 1981
-	22d PAYSHCIAN'S NAME ITYPY	OR PRINT)	July 1	PHYSICIAN Y	DIRECTOR PHYSICIAN	Jan 6,1106
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-	230. BURIAL CREMATION REMOVAL	123b. DATE	123c NAME OF C	EMETERY OR CREMATORY	123d LOCATION	reverick, m
	Specify) Burial	1/9/86			CITY OR TOWN	COUNTY STATE
	24 FUNERAL DIRECTOR	11/9/00	Resultave	en Memorial G	an. Frederick,	Frederick, Md.

John T. Williams Funeral Home Brunswick, Md.

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After should be detached for use as IMPORTANT: If he

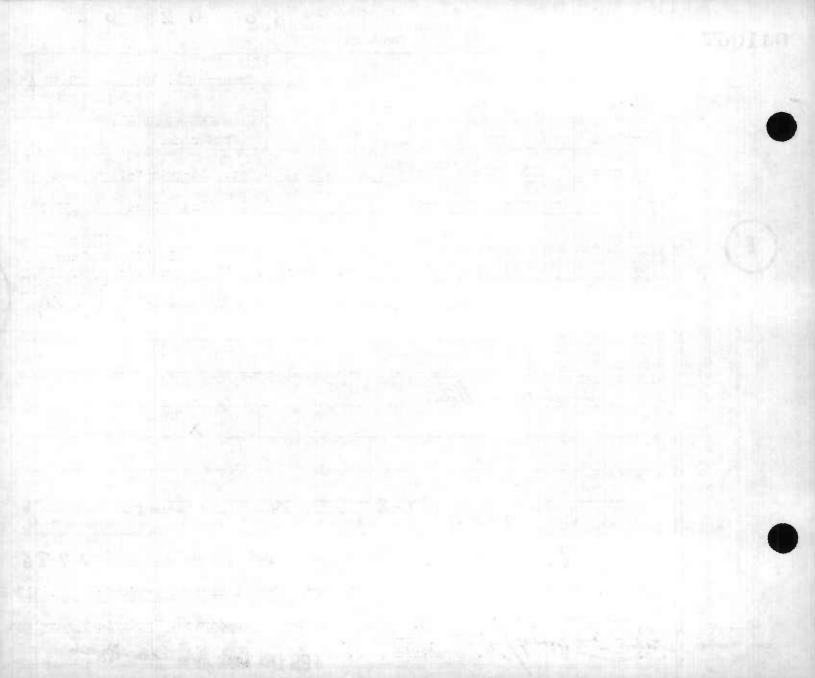
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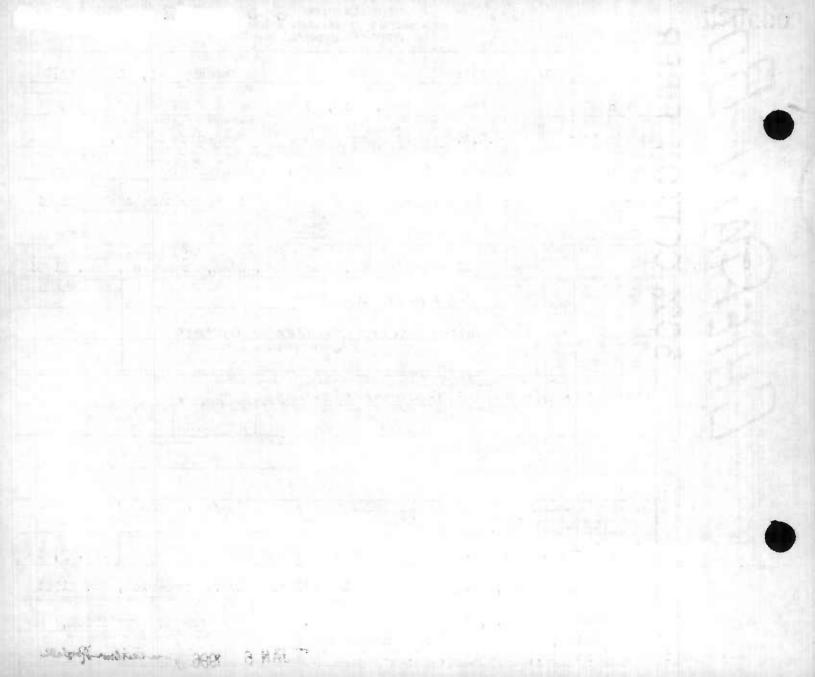


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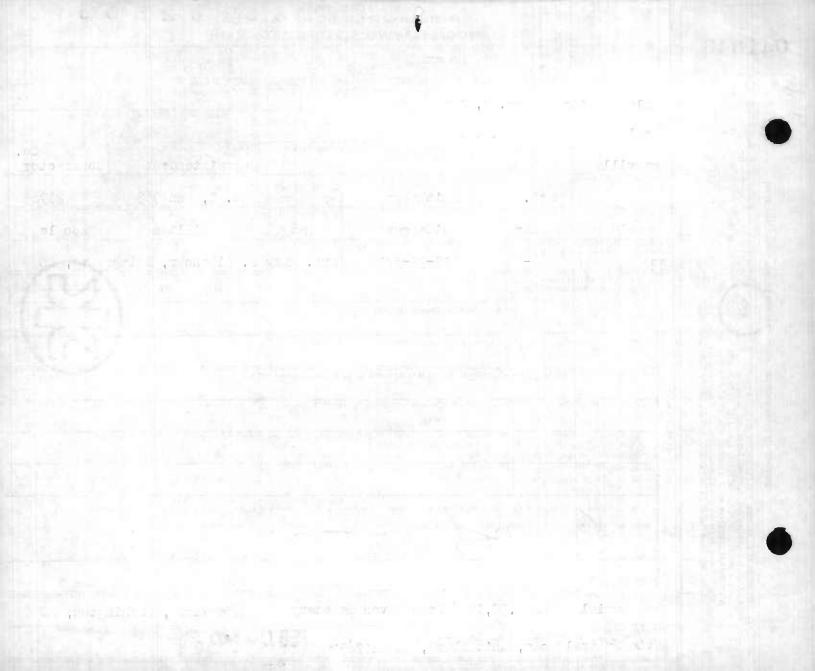
Frederick, Md. 21701

(VRA 15, 4)

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	3世紀第三世	1	SIGNATURE	- 4	un	4/X	Janey.	VVIIV	WN	D. ASS	sistar	1t MEDI	CAL EXAM	INER	SIGN		-27-8	86
	O MEDICAL EXAMINER: FECUTE THE CERTIFICATE, ORGE 4 SHOULD BE FORK OFFECTORE, FER DEATH WITH THE ST ALTIMOSE, MARTHAND.		EXAMINER'S (TYPE OR PRI	NAME D	ennis	F. Smy	the M	1.D.		ADDRESS_1	111 Pe	enn S	t., B	alto	., MD	21	201	
07/84	522552	23a.Bl	JRIAL, CREMA	ria.1	OVAL 235 D.	ATE 30, 19	986 Re	NAME OF CEA	METERY C	R CREMATO	DRY Cy	Harg	CATION Prownto	wn, I	wash'i	ngto	n, M	Ď ^E
25M	BP	24 FL	INERAL DIREC	HOR	2	1		`			COATA		SISTEME					į
	(VR A15 ME (5))	De	avis in	ineral	. Home	Smith	sburg	MD	2178	3	ED IV	P	0					2



FOR STATE

014148

page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERT	TEATE OF PEATE	REG. N	10.		
1 DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
TYPE OR PRINT!	Annie	В.	Royston			January	8. 1986	ŝ	8:00 M
3. SEX		RACE			OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN,
Female		White		Jan	uary 14, 1895	90	YRS.	ONTHS DATS	HOURS MIN,
e. BIRTHPLACE (STATE OR	FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
Maryland		U.S.A		WIDOW		Frede	rick C	ounty	WD
CITY OR TOWN OF DE	ATH 11	. NAME OF		G HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126. KIND (OF BUSINESS OR
Mt. Airv			Prospect		d	Homemake		INDUSTRI	
JSUAL RESIDENCE (# NUR	SING HOME OF OT	HER INSTITUTION	GIVE RESIDENCE SEFORE	ADMISSION)		13e.STREET ADDRESS			
Md	Freder		Mt Airy		YES NO		rospect	Road	21771
I. FATHER'S NAME			LAST		15. MOTHER'S MAIDEN NA	ME			
William S		Fuller			Annie R.	Markey		i.a	51
60 WAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	212 14 92	278	Leslie Ro	ovston	same		
11	H (Enter only	one couse per	line for (a), (b), and	dies)		7		APPRO)	CIMATE INTERVAL
PART I. DEATH V	VAS CAUSED I	BY	DI	Make	le Palmon	un autor	un		O. C. A. P. A. C.
	IMMEDIATE	CMO3E (0)						1	
		DUE TO, O	R AS A CONSEQUE	NCE OF	- 1 - 1	0 -	0		
Conditions, if any	which	(, , ,	Sever	1/20	sue Marr a	island 00	mel.		
gove rise to im	mediate	10)_	0.0		me	o cada		7	
cause (a), state	ng the	DUE TO, O	RAS A CONSEQUE	NCE OF		a corpu			
underlying caus	e lost.	((c)	als	end	ne ather	solewais		1	
PART 2 OTHER SIG	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	DITION GIVE	N IN PART 1	10.
		646-4							
190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?		WERE FINDI	
190 DATE OF OPERA						YES NO	YES		S OF DEATH?
210 ACCIDENT WAS UN	DERLYING	216 TIME C		a de la companya de l	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INA	JRY IN ITEM 18 PA	RT OR PART 2)	
On COLUMNIA CO			.M. MONTH DA	Y YEAR					
LIF EITHER NOTIFY MED 21d INJURY OCCUR			OF INJURY	19	211 LOCATION				
WHILE NOT W	HILE	(AT HOME ST	REET FACTORY OFFICE F	ARM ETC)	STREET	CITY OR TO)WN	COUNTY	STATE
22a I certify that	1) attended th	a deceased from	12	10.81	nese	at .	0	11-20
iere flaglecen	who ive on	3 -	- 9 19	85.	nd that in my (our) opinion	death occurred on the o	late and have	and from the	causes stated
22b, SKSNATURS	Adid not is	ile body	after death.		DEGREE				SIGNED
	111	1.1	/.		A ATTENDING	_ MEDICAL _ STA	FF		8-86
22d PHYSICIAN'S N	AME	coc	ca	- 0	PHYSICIAN D	OIRECTOR PHYSI	CIAN	11-6	0,0
ZZO. PTI ESPECIALIS IN	COLUMN CALL						04774		
	CA 30 CA 11 CA	iller				, Maryland	21//1		
39 BURIAL, CREMATION	, REMOVAL	23b. DATE			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
Burial		1/11/8	36 Gra	ace M	eth. Ch. Ceme				
24 FUNERAL DIRECTOR					25a DAT	E REC'D. BY REGISTRAF	256 REGISTE	AR'S SIGNA	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)

ealth and Mental Hygiene priar to bur

MPORTANT: If he

Burgee-Henss Funeral Home 3631 Falls Road

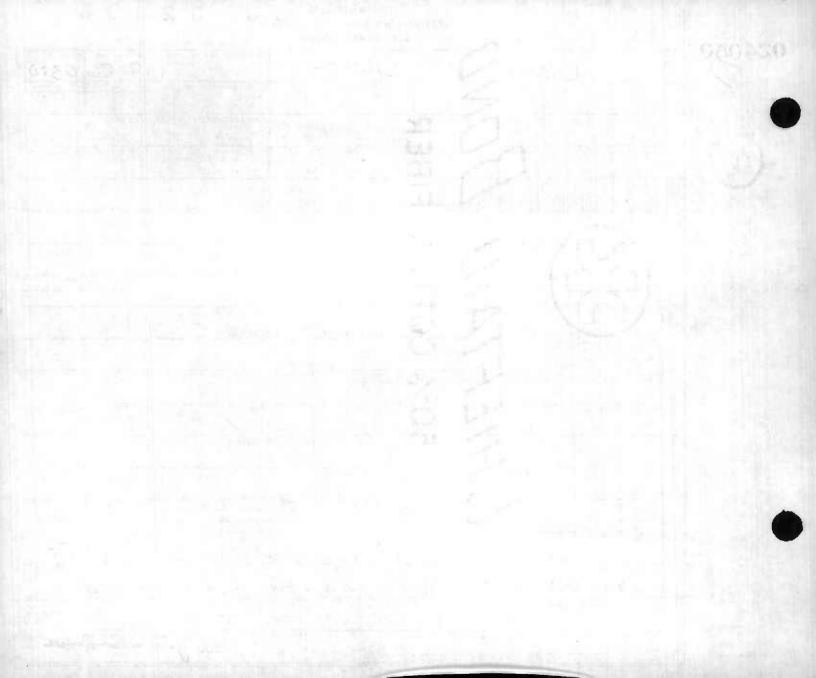
Grace Meth. Ch. Cemet. Black Rock Rd, Balto.Co. Md

250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

31 Falls Road

JAN 10 988

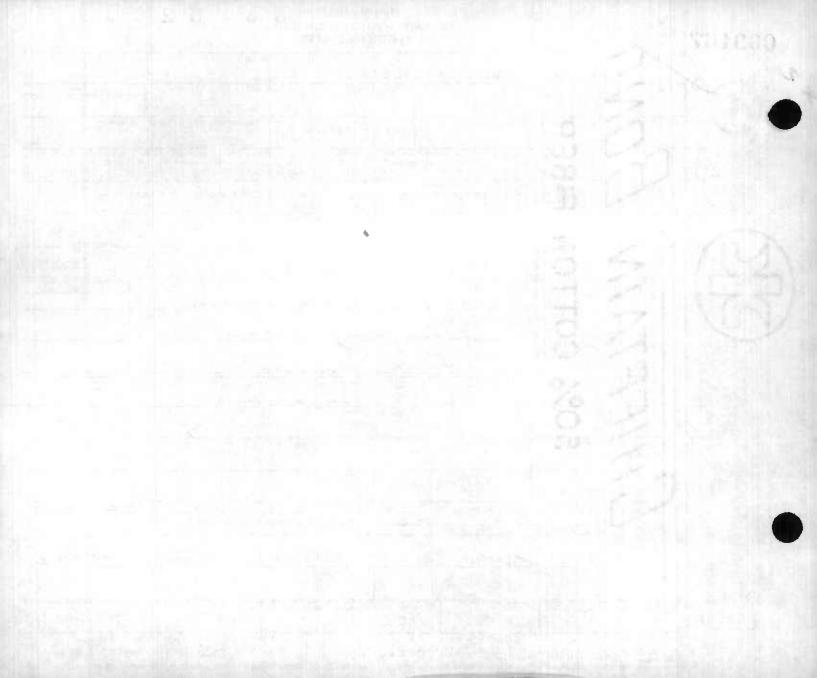




FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

67		STATE REGISTRAR		CERTIFICATE OF	DEATH	REG. NO.	
1	DEC	ED NAME FIRST	MIDDLE	LAST		DATE OF DEATH MONTH	DAY YEAR 26 HOU
4		ARNOLIC	JOHN SCI	HEIDEGLER		1	- 5 - 86
TOTH	1. SE)	Biglion	4 RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
1./		MALE	WHITE	10 03	YEAR 27	58 YR	
Als		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR			BALTIMORE CITY OR COUN	
4/		Strict Colu	ibia USA		DIVORCED T	FREDERICK	
R.F.		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER IN	STITUTION II	0 USUAL OCCUPATION	126. KIND OF BUSINE
39		EDERICK	(IF NOT IN SUCH FACILITY, GIVE STR FREDERICK ME		PITAL	TYPE OF WORK FOR MOST OF WORKIN PART OWNER	GAS STAT
36	USUA 13a S	TATE MD FRE	DÉRICK 13 JÉFFE	YES [NO X	e.STREET ADDRESS / ZIP CO 212 Gene He:	ode Jefferson mp Rd., 21
1	4 FA	THER'S NAME	MIDDLE LAST	15 MOTHE	R'S MAIDEN NAME	MIDDLE	LAST
11/1	1	VALTER	SCHEIDEG	GER VIC		MODIE	ETTER
20	160 V	AS DECEASED EVER IN U.S. A		CURITY NO. 17 INFORM	ANT	4212 Gene	
1/	()	YES WW	II 579-30	-3162 Rut	h Eliza	4212 Gene : beth Scheid	egger
2/			nly ane cause per line far (a), (b),				APPROXIMATE INTER BETWEEN ONSET AND
重力		PART I DEATH WAS CAUS	FD BY				SETTIFIC CHESET AND
1		IMMEDIA	TE CAUSE (o) Con Co	teac or v	-nyc	Hom En)	
1			DUE TO, OR AS A CONSEC	DUENCE OF			
uno un		Conditions, if any, which	(1b) nul	my an orry	1 ed	Em on	
2 2		gove rise to immediate cause (a), stoting the	DUE TO, OR AS A CONSEC				
1		underlying cause last		101/	/ = .	>	40.00
0		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T		D TO THE TERMIN	AL DISEASE OR CONDITION	GIVEN IN PART 110
1	2						
1	ATI	190 DATE OF OPERATION	196. CONDITION FOR WHI				YES, WERE FINDINGS USED
-	분					INCE	RTIFYING CAUSES OF DEAT
	CERTIFICATION		216. TIME OF INJURY	12: 000	NAMES OF CHARLES	YES NOL	YES NO
3	11553111	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	NJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
80	4	LIF EITHER NOTHY MEDICAL EXAMIN		19			
9	U	THE THER NOTIFY MEDICAL EXAMIN					
or ham 18 spe	EDIC	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCA	ION	CITY OR TOWN	COUNTY SI
And or from 18 spe	MEDICAL	21d INJURY OCCURRED		211 LOCA	ION ET	CITY OR TOWN	COUNTY 5
morked or firm 18 she	MEDIC	21d INJURY OCCURRED NO! WHILE AT WORK	21e PLACE OF INJURY	CE, FARM ETC.) 211 LOCA	ION ET	CITY OR TOWN	
11 is morked or tem 18 she	MEDIC	21d INJURY OCCURRED NOT WHILE AT WORK 22a.1 certify that (1) (this hasp	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICIAL sital) attended the deceased from	TE, FARM ETC) 211 LOCA STRI	19	, to 1/5	
on 21 is morked or from 18 de	MEDIC	21d INJURY OCCURRED NOT WHILE AT WORK 22a. I certify tho (I) (this hass sow the deceased olive o above (I) we it (ii) (iii) (iiii) (iii)	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICital) attended the deceased from	TE, FARM ETC.) 211 LOCA STRI	19		haur and from the causes sta
If hem 21 is minisked or thrm. 18 de	MEDIC	21d INJURY OCCURRED NOT WHILE AT WORK 22a.1 certify that (1) (this hasp	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICIAL sital) attended the deceased from	TE, FARM ETC) 211 LOCA STRI	, 19	, to 1/5	
NT, If herir 21 is monked on from 18 de	MEDIC	21d INJURY OCCURRED NOT WHILE ALL WORK 220. I certify that (I) (this hasp sow the deceased alive or above III) we) (Fid D(did in 22b. SIGNATURE)	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC inital) attended the deceased from 19 11 view the bady after death.	TE, FARM ETC.) 211 LOCA STRI M. 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		to	haur and from the causes sta
ORTANT If hem 21 is morked or tem: 18 spe	MEDIC	21d INJURY OCCURRED NOT WHILE AT WORK 22a. I certify tho (I) (this hass sow the deceased olive o above (I) we it (ii) (iii) (iiii) (iii)	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC inital) attended the deceased from 19 11 view the bady after death.	TE, FARM ETC.) 211 LOCA STRI		oth occurred on the date and	haur and from the causes sta
4	23a B	21d INJURY OCCURRED NOT WHITE AT WORK 220. I certify that (1) (this has sow the deceased alive o above 11 West Middled in 22b SIGNATURE 22d PHYSICIAN'S NAME (TYPE	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE at view the body after death. OR PRINT) 23b. DATE 23b. DATE 23c. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE (AT HOME STREET, FAC	THE FARM ETC.) 211 LOCAL STRIP TO THE STRI	ATTENDING PHYSICIAN CSS	medical Staff DIRECTOR PHYSICIAN	havi and from the causes sto
2	230 B	21d INJURY OCCURRED 220. I certify that (I) (this has sow the deceased olive o above 10 we) (fid blad of 22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE URIAL, CREMATION, REMOVA	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE at view the body after death. OR PRINT) 23b. DATE 23b. DATE 23c. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE (AT HOME STREET, FAC	THE FARM ETC.) THE COMMENT OF THE PROPERTY OF	ATTENDING PHYSICIAN CSS	oth occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	haur and from the causes sta



DAY ON THE SELECTION WELL

	STATE OF MARYLAND
041083 1 - FOR STATE PROJECTERAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR			CERTIF	ICAIL OF	DEATH		REG. N	Ο.				
1		CEASED NAME FIRST		MIDDLE	ı	AST		20. DATE C	OF DEATH	MONTH	DAY	YEAR	26 HOUR	
	[TYPE	NAOm 1	EL1:	ZABET	4	STI	NE			1 2	29	86	002	OM
	3 SEX	X	4 RACE			F BIRTH		6 AGE IN	YEARS LAST BIR	THDAY)	MONTHS	RIYEAR	IF UNDER 24	HRS
	1	Female	Whit		Mar	. 12,	1904	81		YRS			HOURS	MIN.
Z		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE!	NEVER	MARRIED -		ORE CITY C	_		ATH		
Z	1	Md.		S.A.	WIDOWE	D []	NORCED		ederi				7.14%	MD.
Y	8	Frederick	Frede	HOSPITAL, NURSH CHEACILITY GIVE STREET CR ME	emori			nail	OCCUPAT DRK FOR MOST C POPES	Ser	(FE) IND	USTRY	etol	
1	13a, S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUN Fre	VTY	IJE CITY OF TOY		YES 🔼	CITY LIMITS?		ADDRESS Ma	in S	ŧ.	217	769	
10		ATHER'S NAME FIRST ELMER	MIDDLE S.	FLOOK			DDE	MΕ	MIDDLE			HAÜİ	T	
1	Ina V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECT		17 INFORM			ADDRI				/	
		YES NO OR UNKNOWN) (IF YES, GIV		218-30-	-9687	Flo	yd Sti	ne	Midd	leto	wn,	Md.		
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per	line long. 16; or	nd (c)	>	11/	0			8	APPROXIM	NATE INTERVA	ATH
			TE CAUSE (a)	A INA	xe nu	n ou	BC/	mon	rose		_	314	30	
		LOUIS TO THE	DUE TO, O	R AS A CONSEQU	ENCEOF	CVI	7					160	1	
		Conditions, il any, which gove rise to immediate	(b)_	712 000			y ,		-		-	100	-	_
	13	cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQU	ENCE OF									
		PART 2 OTHER SIGNIFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUIL	NOT BELATE	D TO THE TERM	INIAI DISEA	SE OR CON	IDITION CI	VENTINI	DART 1:e		_
	Z O	I STORE STORE CAN	EONDINONS CO	5147111071140 10	DERMI BOT	TOT KELATE	D TO THE TERM	III VAL DISLA	JE OR COIL	DITION GI	A E I A II A I	AKI IIO		
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AU	OPSY?				GS USED	
	TIFIC							YES 🗌	NO		ES	_AUSES (OF DEATH	7
7	CER	21a ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH D	AV YEAR	21c HOW I	NJURY OCCURR	RED (ENTERN	NATURE OF INJU	RY IN ITEM TS	PART I OR	PART 2)		
	CAL	OR CONTRIBUTING CAUSE OF DEA	NIN .	M.	19									
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM ETC	711 LOCAT	ION	H-II-	CITY OF TO	NWO	COI	UNIY	STAT	TE
	_	AT WORK AT WORK				laca-			1	1	-	_		
		20 1 certify that (1) (this hospi			at 1	183	19	to	1/-	27/	18		no (I) the) lost
	-	saw the demand alive on above, (I) we find (did no	t) view the body	offer death			(low) opinion o	death accurr	ed on the d	ate and ha				d
		22h SIGNATURE	11	/	1	DEGREE	ATTENDING L	MEDICAL	STA		22	C. DATE	Salas	2
_		THE PHYSICIAN'S NAME (TIPES	100	mom	121	122e ADDRE	PHYSICIAN X	DIRECTO	R PHYSIC	CIAN		1/0	17/8	0
		Dr. Rober	/	aufmann	1	1990	derick	. Ma						
	23a. B	BURIAL CREMATION, REMOVAL			NAME OF C		CREMATORY	23d LOC						
	(Burial	Feb.1	,1986 L			emetey	Mi	dållet	cown	COF	red	. Md	•
		UNERAL DIRECTOR		ADDRESS	217	69	. - -	REC'A BY	REGISTRAR 1000	256 REGIS		IGNATA	RE	13
		Thompson Fun	eral Ho	ome Mi	ddlet	own,	Md.	.00	1300	0	200 800	and and		

DHMH - 16 60M 7/84 (VRA 15, 4)

Thompson Funeral Home

BP.

18 #027 .TC .TML . TO STATE AND ADDRESS OF THE PARTY OF T COUNTY AND THE PARTY OF THE PAR The title and th 14 15W .mentelbbit entre brond vicente middleturm, William The Visit of the Total Control of the Tales Indian The Market of the Committee of the American Committee of the Committee of DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

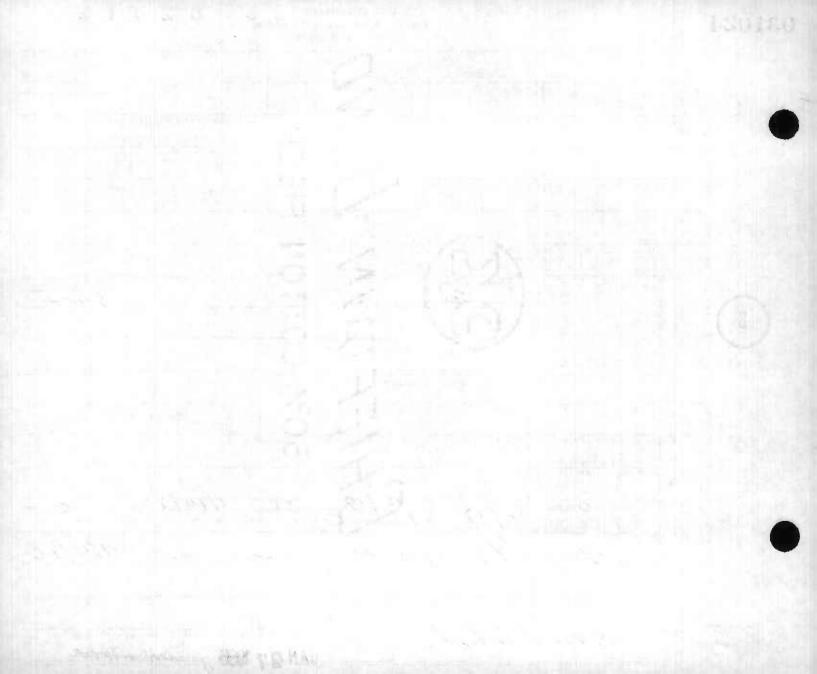
13	13	1.1	9	-
U	Can	U	1	4

1	1 -	STATE REGISTRAR				CERTIF	FICATE O	F DEATH		REG. N	10		
ŀ		CEASED NAME	FIRST		AIDDLE		LAST		2a DATE C	OF DEATH	MONTH	DAY YEAR	26 HOUR
1	(TYPE	ORPRINT) KEI	NNETH	EUGE	ENE	STIT	ELY,	SR.	JANUA	ARY 16	, 198	36	4:50 p
Ì	3. SEX	(4 RACE			OF BIRTH		6 AGE (IN	YEARS LAST B	RTHDAY)	MONTHS DAYS	
1	,	MALE		WHI	TE	MARC	H 24,	1922		63	YRS		HOURS MIN.
1	7a BIF	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	N NEV	ER MARRIED	9 BALTIM	ORE CITY	OR COUN	TY OF DEATH	
A	MA	RYLAND		U.S.	Α.	WIDOW		DIVORCED [FRI	EDERIC	CK COU	UNTY	M
7	10. CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER	NSTITUTION	12a USUA	L OCCUPAT	OF MORKING	126. KIND	OF BUSINESS OF
4	TH	HURMONT		16001 KE	LBAUGH R	D. TH	URMON	r,MD.	RETIF	RED MOST	OI TTOKKIITO	1110031	
3	13a. S	AL RESIDENCE (IF NURS TATE ARYLAND	136 COUN	OTHER INSTITUTION OTY ERICK	GIVE RESIDENCE BEFORE 13(. CITY OR TOW THURMONT	N	13d INSID	E CITY LIMITS?	130 STREET 16001	ADDRESS KELF	/ ZIP CO BAUGH	RD./21	788
1	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTH	ER'S MAIDEN NA	AME	MIDDLE			AST
		JOHN		Ě.	STITEL	Y	G	RACE		E.		WOLI	
1		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	IRITY NO.	17 INFOR	MANT		ADDF		LBAUGH I	חכ
1	,	YES	WW		218-07-8	743	NELL	IE STITE	ELY			MD. 2	
1		18 CAUSE OF DEAT	H (Enter ar	ly one couse per	line far (a), (b), on	d (c).)	-					BETWEE	XIMATE INTERVAL
1		PART I. DEATH W		D BY: TE CAUSE (o)	Carcin	mi	Tosis	2.				3	mos-
1	90	144		DUE TO O	R AS A CONSEQUE	ENICE OF							
1		Conditions, if ony,	which	6	K AS A CONSLOCI	LINCE OF							
		gave rise to imr	nediate	(b)									
1		cause (a), statin underlying cause		DUE TO, OI	R AS A CONSEQUE	ENCE OF							
1		DART C. OTHER CO.	NEIG AND	(c)	NITOIDUITING TO I	DE ATURE	TALOT OF LA	TED TO THE TED.		SE 00 CO	ID ITION C	20/51/21/21/21/21	
	Z	PART 2 OTHER SIGN	VIFICANT	LONDITIONS <u>CC</u>	DINTRIBUTING TO I	DEATH BUT	INOTRELA	TED TO THE TERM	MINALDISEA	SE OR COI	NDITION C	SIVEN IN PART	l a
9	ATIC	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PE	REORMED	20a AU	TOPSY?		YES, WERE FIND	
	CERTIFICATION								YES [7]	NOL		TIFYING CAUSE YES [7]	S OF DEATH?
9	CERT	21a. ACCIDENT WAS UND	DERLYING [21c HOV	V INJURY OCCUR					
		OR CONTRIBUTING		110	M. MONTH DA	AY YEAR							
	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY		21f LOC		-			COUNTY	STATE
1	W	WHILE NOT WE AT WO	AILE	(AT HOME STR	EET, FACTORY OFFICE, F	ARM, ETC)	51	REET		CITY OR T	OWN	COUNTY	SIAIC
		22a. I certify that		tol) attended th	e deceased fram_	12	117	19 85	7	1/14	180	1 19	, that (Dwe) las
		saw the decease	ed alive an	it) view the bady	ottos dooth 19	85.0	nd that in	(aur) apınian	death accur	red on the o	date and h	au and from th	e causes stated
1		22b. SIGNATURE	aloyidid ne	iri view the oddy	affer death.		DEGREE					22c. DAT	E SIGNED.
		1	near	1111	aserings	de	ho	ATTENDING PHYSICIAN	MEDICA MEDICA	R PHYS		1/	17/80
		22d. PHYSICIAN'S NA	AME AYPE	OR PRIVIL,	-		22e ADD						
		GEORGE L	. MOR	NINGSTAE	R. M.D.		S.	SETON AV	E. EM	ATTSBI	TRG. 1	MD. 2172	>7
7	23a B	BURIAL, CREMATION,				NAME OF		OR CREMATORY	23d LO	CATION	111/1		
	1	BURIAL		1/20/1	1986 BL	UE RI	DGE C	EMETERY		RMONT	FRI	EDERICK	MD.
	24. FU	JNERAL DIRECTOR	From	1) B.	1 11		MAIN	250 DA		4 2 1 35		ISTRAR'S SIGNA	
	RC	DEERT E. DE	AILEY	& SON	THURMONT	, MD.	2178	S.IAN.O	17 100	6 dul	La Vair	dran Rang	lette .

DHMH - 16 60M 7/84

(VRA 15, 4)

should be detached for use as IMPORTANT: If Hem 21 is



021080	1.	FOR - STATE REGISTRAR	DEPART			
d		CEASED NAME FIRST	WIOOFE	LAST	REG. NO. 2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
page 3		ELVIN	JOSEPH ST	TOTTLEMYER	January 13	1, 1986 12:45A
4 mo	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN.
oge or sector of the sector of		Male	White	Apr. 2, 1899	86	RS
deoth. P		IRTHPLACE (STATE OR FOREIGN COUNTRY) Md •	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COL	Co. MD
by the f	F	rederick	Frederick	OFIAL Hosital	120 USUAL OCCUPATION OTYPE OF WORK FOR MOST OF WORK	
filled in hould be f	USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Frec	OTHER INSTITUTION GIVE RESIDENCE BEFORE 134 CITY OR TOWN MICHIEL 1 CITY OR TOWN 1 CITY OR	ADMISSION) N 13d. INSIDE CITY LIMITS? YES NO (4)	13. STREET ADDRESS / ZIP C	COPE 21769 tional Pike
completely ond 2 sh	14. F	TRA FIRST	STOTTI	IS. MOTHER'S MAIDEN NA	V MIDDLE	MARTIN
be execu on and co		VAS DECEASED EVER IN U.S. AR. YES NOR UNKNOWN) (IF YES GIV		RITY NO. 17 INFORMANT O284 Garnetta 1	forgan Mi	iddletown, Md.
hysica oper over, th	I		ly one cause per line for (a), (b), and D BY.	diction of the same of	v-256	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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thot by sose al, cr		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		6 000.
squires reguires Then ple to burs njury, o	N O	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	I GIVEN IN PART 110
the law relation. The law relation. The law relation. The permit. The priority of the priority.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. II N CE	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
ICIAN: The physicial physicial property of the physicial		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART OR PART 2)
affending riter this cr is the bur h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	211 LOCATION	CITY OR TOWN	COUNTY STATE
TENDIN pitol or TOR: Af for use of theolil 21 is mo		220 I certify that (1) (this hospit saw the deceased alive on above (1) (we) (did (did pa	tot) attended the deceased from	, 19 5 5 c., and that in my (our) opinion		19 6
OR A birect oched Dept f Item		226 SIGNATURE	View the body offer death.	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
HOSPITAL of the by the FUNERAL I uld be deto the Store [ORTANT: If		22d PHYSICIAN'S NAME (TYPE O	P PRINT)	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1/13/86
TO HOSPITAL retoined by the TO FUNERAL should be det with the State MPORTANT.		P 6, 70	aus un m	34 W W	est Seve	nth st.
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BP	74 EI	Burial UNERAL DIRECTOR	Jan. 15, 1986 I	270/2	WAL 1 SY 1986	Fred. Md.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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36090	1	- STATE REGISTRAR		DEFARIA		CATE OF DEATH	REG. N	0		
	I DE	CEASED NAME FIRS		MIOOLE	L/	AST	20. DATE OF DEATH	MONTH DAY		HOUR
deoth deoth	(1Ab	E OR PRINT)	dred I	Plorence	Tho	mpson	January	25, 19	86	р. м
od e	3 SE	X	4 RACE	1 1 1 1 1 1	5 DATE O	F BIRTH	& AGE (IN YEARS LAST BIR		City Control of Control	INDER 24 HRS
0.0	1	Female	Whit	te	Jun	e 12 1910	75	YRS	DAYS HO	URS MIN.
110/	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	M NEVER WARRIED []	9 BALTIMORE CITY O		EATH	
35 35		Maryland	U.S.	Α.	WIDOWE	NEVER MARRIED	Frederi	ck Coun	ity,	MD.
1 / //	10 0	ITY OR TOWN OF DEATH			NG HOME OR OTHER INSTITUTION		12a USUAL OCCUPAT	ON 12b	KIND OF BU	
33/24	F	rederick	Frede	cheacility give street a	oria	1 Hospital	Homemake	r WORKING LIFE)	DUSTRY	
53 DV		AL RESIDENCE (# NURSING HO STATE 136 C	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE		
11 3/5	_	ryland Fr	ederick			YES NO	12302 Lim	e Plant	Rd.	21771
10/5/	14 F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE	26	1241	MODE
11/10	1	Lewis	D.	Miller		Betty		MC	os er	
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82 4	-	110		ニュノー ユー	1450	Rd., Mt. A	iry, Md.	57/17		
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200 4		100000000000000000000000000000000000000	DUE TO, O	R AS A CONSEQUE	NCE OF	Jr.	robelle a	cuto my	cords	clarker
100		Canditions, if any, which								
1		gave rise to immediate couse (a), stating the	DUE TO. O	R AS A CONSEQUE	NCE OF					
leose iol, ci		underlying cause las	10						1 (3)	
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T in the	CERTIFICATION	19g DATE OF OPERATION	LIBA COND	TION FOR WHICH	OPERATION	N WAS PERFORMED	20g AUTOPSY?	206. IF YES, WER	E EINIDINICS	UCED
S or Property	문	THE DATE OF CITERATION	170 COND	mortrok which	OI EKATIOI	WAS FER ORMED		IN CERTIFYING	CAUSES OF D	DEATH?
Hygier 18 ha	- 1	71a. ACCIDENT WAS UNDERLYIN	S 21b. TIME C	DE INTURY		11. HOW IN HURY OCCUPA	YES NO	YES [0 🗆
		OR CONTRIBUTING CAUSE		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	EY IN ITEM IS PART I OF	₹PART 2)	
Vento Heat	N S	(IF EITHER, NOTIFY MEDICAL EXA		.M.	19					10000
d or	MEDICAL	21d INJURY OCCURRED		OF INJURY REET FACTORY OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn cc	YINUC	STATE
th on th on orke		AT WORK NOT WHILE								
use deoi		220.1 certify that (1) (this			4	13-5419				(I) (we) lost
2 4 5		saw the deceased alivabave, (I) (we) (did) (d	d nat view the body	S 6 19	, an	d that in (my) four) apinion o	leath occurred an the do	ate and have and f	from the cause	es stated
hed tem		226. SIGNATURE		~	<u></u>	DEGREE		2	2c. DATE SIGN	VED
T: H		1/24	1/ min	the	n	D ATTENDING PHYSICIAN	MEDICAL STAF		1-2"	7-86
AN Sto		224. PHYSICIAN'S NAME (YPE OR PRINT)			22e ADDRESS				
should be deto		Dr. Rex 1	R. Marti	n, MD.		220 North M	larket St.	, Fred.	. Md.	21701
5 € ₹ ₹ —	23a	BURIAL, CREMATION, REMO	VAL TOO DATE	123c N	AME OF C	METERY OR CREMATORY	23d LOCATION			76.7
		(SPECIFY) BuriaZ				ant Hill Ce	CATAL AND A SECURE	nnorio	Don't	mi ak
	24 €		KALLED	and the same	1000	a. Nome 250. DATE	REC'D BY REGISTRAD	25h PEGISTPAP'S	SIGNATURE	DT. TOW
- 16 60M 7/84		HAEL TRETTE ON		CT Moness 1	uner	a Lome	D. REGISTRAR	LID. REGISTRARS	SIGNATURE	
(VRA 15, 4)	1 1	.06 East Chi	arch St.	.Fred. I	ld. 2	1701	ANDOE I de	P 50	11.00	

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106 East Church St., Frederick,

(VRA 15, 4)

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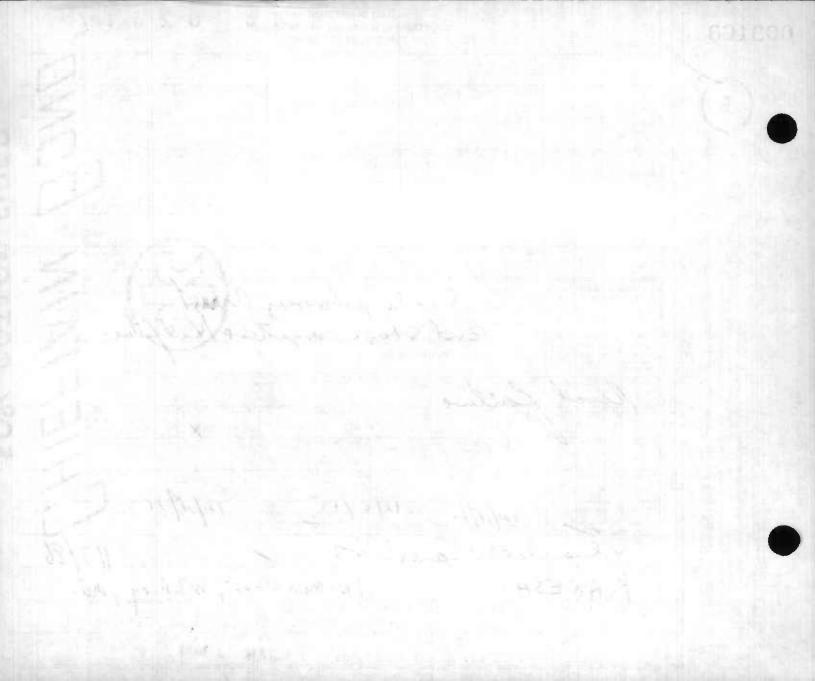
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

		FOR
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		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1,	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.		
	CEASED NAME	FIRST	,	MIDDLE	t.	AST	20 DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
1 "	ME OR PRINT)	orman	Fran	klin	WA	TKINS	January	27,	1986	8:04 M
3. 5	EX	4.	RACE		5. DATE C		6. AGE (IN YEARS !	AST BIRTHDAY)	MONTHS DAYS	HOURS MIN
	Male	1	White		Dec	16 1915	70	Y	RS.	THOURS INNE.
-	BIRTHPLACE (STATE ORE			WHAT COUNTRY?	0	NEVER MARRIED	B BALTIMORE C			
1	COUNTRY)	1	meric	an	WIDOWE		Freder	tek		MD.
	CITY OR TOWN OF DEA		NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCI	JPATION		OF BUSINESS OR
4	rederick			H FACILITY, GIVE STREET		1 Veestes	1 Labore		NG LIFE) INDUSTRY	
	JAL RESIDENCE (IF NURS	ING HOME OR OT				11 Hospita	TITADOLE	r	Auct	,
130 M a	state aryland	136 COUNTY		Mt. A1	N	13d. INSIDE CITY LIMITS' YES TO THE	202 H1			21771
14	FATHER'S NAME FIRST	F.	DDŧE	Watkin	ıs	Marcia	NAME	DIE	Snyde	IST
160	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	A	DDRESS		
1	(YES, NO OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES)	219-05-	2239	Carrie E.	Watkins	It	tem 13	
F	18 CAUSE OF DEAT		-				4		APPRO	XIMATE INTERVAL LONSET AND DEATH
NOIL		lost. NIFICANT CO	(c) NDITIONS <u>CC</u>		DEATH BUT	NOT RELATED TO THE TE				
TIFICA	190 DATE OF OPERATION 196. COND		ITION FOR WHICH OPERATION		N WAS PERFORMED	YES NO		IF YES, WERE FIND ERTIFYING CAUSE YES		
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNI	AUSE OF DEATH	HOUR A.M. MONTH D		YEAR 21c. HOW INJURY OCCUR		URRED (ENTER NATURE C	F INJURY IN ITE	M IS PART (OR PART 2)	
MEDIC	21d. INJURY OCCURI	THE	D 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		ARM ETC	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
	220.1 certify that (1) (the base of the deceased from 19 19 19 10 that (1) (the base of the deceased olive on 19 19 19 19 19 19 19 19 19 19 19 19 19									
	22b. SIGNATURE	276. SIGNATURE Q. Kummis				DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN	- 10	7/1986
	James P	. Ker	r, M.	D.		22e. ADDRESS 26618 R1d	ge Rd. D	amasc	us, Mary	land
-										

DHMH - 16 50M 4/83

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low

should be detached for use as the burial-transit permit. Then please remove carbon papers: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If hem 21 is marked or hem 18 shows any injury, or other traumatic event, the

Olin L. Molesworth, P.A., Damascus, Md. (VRA 15, 4)

THE WINDOW HONDER

Norman remains service January 27, 1840 for the Marcia Remains 27 and the Marcia Remains August 202 and Street 21771

Carvinau Stederick Mt. Airs x 202 and Street 21771

August F. Sathing Marcia Revider

No 219-45-1239 Carrie H. Wathing Item 13

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AND THE STATE OF T

DEPARTMENT OF HEALTH AND MENTAL HYDIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 017071 20 DATE KNOWN DECEASED NAME MONTH (TYPE OR PRINT) OF ESTI-(NMI) Frank WILSON 3. SEX 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male White 66 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED eryland U.S.A. Frederick County WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS recerick Memorial Hospital Frederick Carpenter Construction SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE Frederick T3d. INSIDE CITY LIMITS? 13e. STREET ADDRESS CITY OR TOWN rederick 50-A Hamilton Ave., 21701 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST LAST Unknown Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANMITS. Betty Wilson P.O. Box 3254 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-28-7339 Frederick. Md. 21701 None 18 CAUSE OF DEATH (Enter only one cause per ling) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED SENTER NATURE OF HIJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE NOT WHILE COUNTY 27a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from Hamicide Undetermined manner TITLE (SPECIFY) Deputy SIGNATURE MEDICAL EXAMINER 812 Toll House Ave Frederick, Md. 217 EXAMINER'S NAME Robert J. Thomas, M.D. EXEC PAGE AFIE BAILE 21701 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Biria? 1-10-86 Mount Olivet Cemetery Frederick, Frederick BP. 24 FUNERAL DIRECTOR: th, Keeney Good Funeral Home 25b. REGISTRAR BOOMA **DHMH - 17** 106 East Church St., Frederick, Md. 21701 (VR A15 ME (5)) 20M 4/82

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MPORTANT: IF

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGIENE CERTIFICATE OF DEATH

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REGISTRAR			REG. N	0.			
DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH D	DAY YEAR	2b HOUR	
Samu	iel Walter V	ORTHINGTON, JR.	Januar	y 12,	1986	12:15A	
SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
Male	White	Oct. 2, DAY 1893	92	YRS.	MONTHS DATS	HOURS MIN	
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	9 BALTIMORE CITY O		OF DEATH		
daryland	U.S.A.	MARRIED NEVER MARRIED DIVORCED	Frader	ick Co	unty		
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS O	
Braddock Heights	Vindobona Nurs	sing Home	Nechanic	F WORKING LIFE	Fort	Detric	
SUAL RESIDENCE (IF NURSING HOME a STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNITY 136 CITY OR TO		13e STREET ADDRESS	/ 710 CODE			
	ederick Frederi		910 Cher	okee T	rail 2	1701	
FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	OTT ISS			
Samuel Walt		Sr. Honoria	Eliza	beth	Cool		
	ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMED TO MO	ore 8403DW	ictory	Lane		
YES NO OR UNKNOWN 1 1918	-1919 214-10-		Md. 20854				
18 CAUSE OF DEATH (Enter	only one cause per line for ial, (b), o	ind ic			BETWEEN	MATE INTERVAL	
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiac Brief					15-min	
		HENCE OF		1254.2			
Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF						
gove rise to immediate							
couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last.							
DADI 2 OTHER CICALIFICANT	C. (D. (D. (D.)						
	COMBINONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVE	EN IN PART 110		
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES	, WERE FINDIN	IGS USED	
			YES NO NO	IN CERTIFYING CAUSES OF DEA			
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121r HOW IN JURY OCCU	IRRED (ENTER NATURE OF INJU			NO []	
OR CONTRIBUTING CAUSE OF		DAY YEAR	THE THIER MANUAL OF MAN	KT DVIIKM TO RA	ART (OR PART 2)		
(IF EITHER NOTIFY MEDICAL EXAMIN		19		1000			
21d INJURY OCCURRED	21e PLACE OF INJURY	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
AT WORK NOT WHILE AT WORK							
220 I certify that (1) this has	pital) attended the deceased from	Sept 19 7	6 to 1/17	. 1	19.86	that (1) (we) la	
saw the deceased alive a	not) view the body after death.	, and that in (my) (aur) apinio	n death accurred on the de	ate and hour	and from the	causes stated	
226 SIGNATURE						22c. DATE SIGNED	
4/8/(10)	ATTENDING MEDICAL STAFF PHYSICIAN TO DIRECTOR TO PHYSICIAN TO					1/13/8/	
224 PHYSICIAN'S NAME (TYP	E OR RRINT)	22e ADDRESS	_ DIRECTOR _ TITISIC	, IKIY []	11/19/	030	
Dr. Will:	is J. Riddick	Parkview Me	edical Cente	r Fred	erick,	Nd. 21	
BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY			-		
Buria1		All Saints Cemeter		own. B	altimor	e. No.	
			ATE REC'D. BY REGISTRAR				
106 Fast Chur	eeney & Basford ch St., Frederic	Md. 21701	LACCO. DI REGISTRAR	LOW REGISTR	WELL O SIGNALI	ONL	
TOO Last CHILL	on aces treatre	a, rais Dailor	The second second				

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	POR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		0 2 C	21	
	DECEASED NAME FIRST	A	AIDDLE	l	AST	20. DATE OF DEA		DAY YEAR 26 H	OUR
Г	TOL W	L)	7	Immerman	1/22	11986	4	05 A
3	SEX	4 RACE		5 DATE C	OF BIRTH	6. AGE (IN YEARS !		FUNDER I YEAR IF UN	IDER 24 HRS
1	male.	Cauc		MONTH	1 1915	70	YRS	CONTHS DAYS HOUR	KS MIN.
7	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	16 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED	-	CLOCOUNTY	OF DEATH	MD.
4	Fredericle	Fred	HEACILITY, GIVE STREET A	Mem	prother institution or al Hosp.	12a USUAL OCC (TYPE OF WORK FOR Farmi	MOST OF WORKING LIFE	12b KIND OF BUS INDUSTRY Agricu	
	Maryland Fred		136. CITY OR TOWN		134 INSIDE CITY LIMITS? YES NO	109	RESS / ZIP CODE	h Street	\$ 21701
		MIDDLE	Zimmerma	n	15. MOTHER'S MAIDEN NAME Catherin	441	DDLE	Greenwa	14
116	WAS DECEASED EVER IN U.S. AR.	MED FORCES?	16b SOCIAL SECUR		17 INFORMANT		1468 Key		14.
	[YES, NOOR UNKNOWN] {IF YES GIV	ne war OR Dates)	214-15-	0186	Catherine S.	Dixon,	Frederic	k, Maryla	nd 2170
2	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	(b) DUE TO, OR	RAS A CONSEQUENTED AS A CONSEQUENTED TIME TO DESCRIPTION OF THE PROPERTY OF TH	NCE OF Car	CINOMAL NOT RELATED TO THE TERM	inal Disease Or	CONDITION GIV	EN IN PART 110	
1	190 DATE OF OPERATION NON-CONTRIB 210 ACCIDENT WAS UNDERLYING		TION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY		, WERE FINDINGS U YING CAUSES OF D	EATH?
	OR COLUMN TO COLUMN OF DE	216. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE			ART 1 OR PART 2)	
	OF CONTRIBUTION CONSTRUCTION OF CONTRIBUTION	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	IRM ETC)	214. LOCATION STREET	CII	Y OR TOWN	COUNTY	STATE
	22a I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no	Jana	198	(d, or	nd that in (my) (our) opinion (deoth occurred on	- LA La	ond from the couse:	
	226 SIGNATURE	nu	MD.	9	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []	1/22	186
	Amy Jone	S M	0		4 w 7	N SV.	Free	wich	ma.
2	30 BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION	WN	COUNTY	STATE
L	Burial	Jan.25	,1986 M	t. 0]	livet Cemetery heral Home 25a. DAT	Frede		Frederick RAR'S SIGNATURE	Md.

21701

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this should be detached for use as the bound the State Dept. of Health and

IMPORTANT: If Item 21 is

106 East Church St., Frederick, Md.

3 (6 VP) downs a remain of the course of sub-And Romerbert defended a greatment for III at II for the format Angele Company of the Company of And the state of t